Veterans, Reservists, and Armed Forces Families Health Needs Assessment

Public Health

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# Hampshire County Council

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EXECUTIVE SUMMARY

Recent involvement in Iraq and Afghanistan has raised the profile of the needs of the UK Armed Forces and with this has come greater emphasis on the health and wellbeing of veterans, reservists and military families. This has been further promoted with a number of high profile publications which have outlined the responsibility that government and society have to recognise the work of the Armed Forces and ensure that no one within the Armed Forces community experiences any disadvantage because of Service life.

Although many of the health needs will be similar to those of the general population, there is increasing recognition that there are some specific health issues associated with Service life, and that these are not restricted merely to the Serving personnel but also affect their families. The health needs of reservists are also becoming increasingly important to consider with plans to dramatically expand their numbers as outlined by the Future Reserves 2020 programme.

This health needs assessment sought to ascertain the number, location and demographic details of the veteran, reservist and Armed Forces families in Hampshire, and to identify their health and healthcare needs. On the basis of the findings, a number of recommendations are made with regards to each of these groups and for several of the organisations who are involved in their health and wellbeing.

Key Findings of the health needs assessment

Description and demographics of the veteran population
Robust data about number, location and demographics of veterans is limited at both the national and local level. Estimates suggest that there are 2.8 Million veterans in the UK, constituting just over 5% of the adult population. The veteran population is largely an elderly one with nearly half over the age of 75 years. The vast majority have served in the Regular forces (nine in ten), with over a half in the Army, a quarter in the RAF, and 12% in the Royal Navy or Royal Marines. The ratio of men to women is ten to one.

There are likely to be around 60,000 veterans in Hampshire, with the greatest numbers living in Gosport, Fareham, Havant and the Test Valley. The CCG with the greatest numbers is Fareham and Gosport.

Description and demographics of the reservist population
In April 2015 there were 31,260 reservists in the UK Armed Forces and this number is steadily increasing in order to reach the target numbers in the Future Reserves 2020 plan. Reserves comprised of 86.3% male and 13.7% female personnel. The percentage of Black, Asian minority Ethnic personnel is 4.9%. Reservists tend to be
older and have higher educational attainment than Regular personnel because they take on a variety of roles, many of which require specialist skills.

There are at least 1256 reservists with a permanent address in the Hampshire administrative area.

**Description and demographics of the military families population**

There have been very few estimates of the numbers of military families of Serving personnel nationally. Data suggest that anywhere between 32% and 70% of Serving personnel are married but this gives little indication of the number of Service children.

Local data suggest that there are around 5,000 Service children in schools in Hampshire, with the greatest numbers in Rushmoor, Gosport and Fareham. A survey of Children’s Centres indicated that there are at least 1,000 families with children under 5 years old.

**Health and healthcare needs of veterans in Hampshire**

The key points about the health and healthcare needs of veterans in Hampshire include:

- The population of veterans in Hampshire is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulties with mobility and self-care.
- The most common mental health problems are anxiety and depression however there are clearly some veterans with more complex problems who will need more specialised and bespoke treatment. These might be for complex PTSD or dual diagnoses of alcohol and mental health problems.
- Musculoskeletal problems are a common health issue which veterans seem to ‘take for granted’ after their service and may not always seek help for. Veterans are also more likely than the general population to have sensory problems such as hearing difficulties.
- The exact number of veterans with alcohol or drug problems in Hampshire is hard to quantify but there is a substantial number in contact with the local drug and alcohol services and this is likely to reflect only a small proportion of the overall issue. There is some suggestion that there is greater demand for these services from veterans who may need some help and support accessing them.
- The support before, during and after transition for personnel who are medically discharged may be an area that is lacking in some cases which can have detrimental effects to subsequent health and accessing of necessary healthcare.
- Only a small proportion of general practices routinely ask patients about their veteran status when they register with a GP, or use the READ codes to record this, and even fewer asked about reservist or military family status. As well as
missing an opportunity to gather data about the number of veterans in each practice and across the county, the lack of knowledge about a patient’s veteran status may make it more difficult for the GPs to address their health needs.

- Although GPs seem to be aware of the Armed Forces Covenant and veteran’s entitlement to priority services for issues related to service, the experience of veterans suggests that this is not necessarily reflected in the care they receive. This could be due to health professionals failing to put this entitlement into practice, or unrealistic expectations of the veterans.

Health and healthcare needs of ex-Gurkhas in Hampshire

Many of the health and healthcare needs of the ex-Gurkha population will be similar to those of the general veteran population, however there will be some issues that are specific to them as members of the Nepali community and their living circumstances here in the UK, and many of these will also affect their families. These include higher rates of some diseases and medical conditions such as TB and diabetes. It also includes health issues relating to living in houses of multiple occupancy and fire risks. Although it is unknown if the Nepali community experience higher than expected problems with drugs, alcohol and domestic violence, they are less likely to report or seek help for these issues.

The ex-Gurkha and wider Nepali community also have some specific issues around accessing healthcare and other services which is mostly attributable to difficulties with language and a lack of interpreters in primary care.

Some groups who have been identified as particularly vulnerable are widows and younger wives who may have difficulties accessing services due to their poor English, and older males who do not have family are vulnerable to social isolation. There is also considerable concern in the more elderly veterans about being able to care for themselves and their wives.

Health and healthcare needs of reservists in Hampshire

Although the health needs of reservists are likely to be very similar to the general population in which they live a civilian life, deployment may result in some physical and mental health problems. An increased rate of PTSD has been seen in deployed reservists nationally and has been attributed to various aspects of the deployment experience. Higher rates of risk taking behaviour such as smoking, risky driving and violence have also been seen and can impact on physical health both immediately and in later life.

Although no data is available about the health of reservists in Hampshire, it is likely that they are vulnerable to the same health problems, it is therefore important that they are identified and supported throughout their reservist duties and particularly after deployment.
Health and healthcare needs of military families in Hampshire

Although families of serving military personnel live civilian lives, there are a number of aspects of military life that will have significant impact on their health and wellbeing. Most notably, these are issues related to mobility and deployment. These can result in:

- Isolation and mental health problems in the at-home parent partner or spouse.
- Relationship difficulties.
- A range of psychological, mental health or behavioural problems in children as they move through the stages of the deployment cycle and their family circumstances change.
- Disruption to schooling due to frequent moves.

Some of the potential disadvantage that military families may experience as a result of their Service life has been mitigated by actions taken in response to the Armed Forces Covenant, however there is question about how well this pledge is understood throughout relevant organisations and some disadvantage may still be suffered due to this.

Other issues identified include a lack of inclusion of the family during transition or in the care of their serving family member when they are being treated for mental health problems. There is also likely to be a significant impact on the family of heavy alcohol use in Serving personnel, and domestic violence has been highlighted as an issue.

Recommendations

Regarding Veterans

- Address the needs of the elderly veterans in Hampshire who may be experiencing isolation. Part of this could include befriending services or peer support between veterans, with a focus on activities that emphasise that positive aspects of memories of service.
- Encourage veterans to identify themselves to GPs so that any issues related to their service history can be identified quickly and appropriate care, support or referral can be given.
- Quicker identification of mental health problems related to Service, by increasing awareness of the ways in which they might present. This could include training of front line staff in a number of organisations and departments that the veterans might come into contact with such as housing, adult social services, so that symptoms can be identified and they can be signposted for help.
Ensuring that veterans receive the treatment that is most appropriate for them and their mental health problems. This could be general psychological services if their problems can be managed there, but it may be specialised services specifically tailored to veterans if they are a more complex case. Ensuring they are rapidly reviewed and triaged by an experienced service such as Combat Stress may facilitate this.

Improve identification of veterans with dual diagnoses of alcohol misuse and mental health problems, and ensure that they receive treatment for both conditions in appropriate settings.

Improve support for drug and alcohol problems in veterans. This could include better identification of problems and knowledge about the referral pathways by healthcare staff and frontline staff in wider organisations, and encouraging greater awareness of the problems and where to seek help in veterans.

Better support for early Service leavers. This could include a transition package from the MOD for them prior to leaving the Services, along with a handover to the NHS of individuals identified as being vulnerable to difficulties.

**Regarding ex-Gurkha population**

- Engagement of health services in developing solutions to the issue of the language barrier faced by the Gurkha and Nepali community. This could be via coordination of volunteer interpreters or through a volunteer buddy scheme.

- Promote the responsibility that primary care services such as GP practices have to understand the populations they serve, including recognising the diversity of the population and their needs.

- Greater focus on the inequalities agenda to facilitate engagement of the services with those who have difficulty accessing them. Services should be encouraged to reach into the Nepali community, understand their needs and provide services accordingly.

- Encourage Nepali representation on PPGs, CCGs and ensure that equality is embedded into strategic health decisions and planning.

- Explore options to help with transport to hospital and doctor appointments, consider arranging exemptions to bus pass restrictions if they have a valid appointment letter.

- Continue the roles of Nepali community members in Rushmoor Borough Council, the police and other services that the Nepalese are likely to come into contact with.

- Adopt screening for latent TB in the under 35 year olds in GP practices in accordance with the TB strategy, to raise awareness of the risks of TB in the Nepali community with GPs so that diagnoses are made sooner, and to continue work in the Nepali community to combat the stigma of TB and to encourage testing and treatment.
Regarding Reservists

- Begin gathering baseline data about the demographics, health and behaviours of reservists at a national and local level. This could be through their identification at general practices or other services and organisations they come into contact with.
- Encourage Reservists to identify themselves as such to NHS GPs so that any issues related to their service can be identified quickly and appropriate care, support or referral can be given.
- Encourage GPs to routinely ask about reservist status and to use READ codes for recording this.
- Widen the concept of a military family to include those of reservists who could benefit from extra support through all stages of the deployment cycle.
- Encourage families of reservists to identify themselves to GPs because there are clearly stresses on their family life related to their reservists Service, especially on return from deployment.
- Raise awareness of the issues of mental health problems, relationship difficulties and risky behaviour such as smoking and violence so that GPs can enquire and monitor them post-deployment, and ensure they are quickly referred to appropriate support services if necessary.
- Provide information and training for occupational health services at civilian employers so that they are aware of the physical and psychological impacts of the deployments that their reservist staff is involved with. This will allow them to make better assessments of their heath upon return to work and identify issues if they emerge, and know where to seek help and support.

Regarding military Families

- Better support for military families taking into consideration the likely needs of each member during the different stages of the deployment cycle. This should include support from a number primary care and other organisations involved with families such as schools, children’s centres, and Families Federations.
- Better commitment from both the NHS and MOD to supporting families through the transition.
- Where possible, include the family in the treatment of mental health problems of serving family member.
- Raise awareness of the impact of service life on children in schools and other services for children such as Child and Adolescent Mental Health Service (CAMHS). This could be through mandatory training or Service children champions in each organisation to highlight the potential psycho-educational issues. It could also include increasing awareness of the Service Pupil Premium in schools so that they are claiming for all Service children enrolled with them. This is particularly important in schools which have fewer Service children and may therefore be less aware of these issues.
- Encourage families to identify their military connection to GPs, and to inform schools that their children entitle the school to the Service Pupil Premium.
- Promote understanding of the Armed Forces Covenant in all Local Authority departments that families may come into contact with, such as education, so that families receive the appropriate support and care to ensure no disadvantage is experienced by them.
- Make use of joint military and community events such as the health fair 2016 to encourage military families to come along and integrate with the wider military and civilian community, and to disseminate health information.

For the Local Authority (Hampshire County Council)
- Include the needs of veterans, reservists and military families in the JSNA and other relevant documents such as the older people’s strategy.
- Plan for the increasing elderly population of veterans in Hampshire with specific consideration of their likely problems with self-care and isolation.
- Raise awareness of the Community Covenant and ensure that all front line staff that may be approached regarding issues of potential disadvantage in people with military connections fully understands the implications of the Covenant and can therefore offer the support needed to address any disadvantage that may be experienced by Service life.
- Have discussions with Defence Medical Services about how best to provide public health services to military personnel. Possibilities may include Defence Medical Primary Care services accessing preventive services through the same approved lists as NHS services currently do.
- For Local Authority public health and Defence Medical Services to consider how to increase uptake of preventive services in military personnel. Possibilities may include arranging occasional clinics and sessions on military bases according to need.
- Use available opportunities to promote recognition of the importance of the work of the military among the community, for example through the Health fair 2016. This should include taking opportunities to raise community awareness of the role of reservists and their increasing importance as part of our Armed Forces and national security.

For the Ministry of Defence
- Consider including more information about the NHS in the transition package that personnel receive before they leave, so that routes to accessing healthcare are known, requirements for taking responsibility for their own healthcare are understood and expectations about waiting times are realistic.
- Consider providing better support for early service leavers to facilitate their transition into civilian life. This could include identifying those that may be of higher risk of a poor transition and making contact with NHS services prior to their departure to ensure care is continued.
- Consider involving families in transition planning. This is important for two reasons, they are an essential source of support and advice for the serving family member, and the transition will also have a huge impact on them which should be recognised.

For General practices
- Encourage better understanding of the experiences and needs of veterans, reservists and military families and the support that is available for them. This could be via a veteran champion in each practice, through weekly meetings of practices, or through available training by the Royal College of GPs.
- Increase awareness of the entitlement to priority treatment and how to initiate this where it is appropriate.
- Introduce a policy to routinely ask patients about their veteran, reservist or military family status when they register at the practice.
- To encourage GPs to use the designated READ codes to record veteran, reservist or military family status on primary care records. This could be achieved through greater awareness of the benefits of doing this, both to the care of patients and to the practice with regards to accessing the additional support available.
- Consider having some flexibility in the documents required for registration as proof of address can be hard to provide if the family is moving into military accommodation.
- Raise awareness of the potential stresses and psychological impact of deployment in reservists, especially upon return. Ensure they are aware of the enhanced MOD mental health service available.
- To monitor new process of obtaining medical records of service leavers and evaluate whether it is functioning to get records in a timely manner.

For Charities and other organisations
- Where possible strengthen data collection mechanisms to help create a more accurate picture of the veteran, reservist and military family population locally, for example by recoding location and basic demographic information about people you come into contact with.
- Consider creating robust pathways to feed data on the health concerns of veterans, reservists and military families back to organisations where it will be useful e.g. LA
- Use your information sharing channels such as magazines, newsletter and reports to encourage families to identify their military connection to GPs and to schools which may not be applying for the pupil premium.

For Partnership working
- Improve links between MOD and NHS healthcare during transition. This could include the creation of a clear pathway for the handing over to the NHS of
service leavers who are identified by the MOD of being at risk of having a poor transition.

- Ensure good information sharing between the MOD, LA, CCG and other organisations involved in planning and commissioning so that adequate consideration and provision is made for changes in the veteran, reservist and military families population in Hampshire.

- Maintain the relationships that have been established through the process of this needs assessment and to seek to develop relationships with the other key organisations working in the Hampshire area so that knowledge and support can be shared.

- Develop and maintain contact with university academic departments at Portsmouth and Winchester who are undertaking research into the health of veterans and families, so that knowledge and learning can be shared and used to shape commissioning and service planning.
1. INTRODUCTION

1.1 Health Needs Assessment

A health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

For the methodology see appendix 1.

1.2 The Armed Forces in the UK

In 2015 the strength (number of serving personnel) of the UK Regular forces is just over 152,000, with a further 32,000 reservists. The largest proportions of personnel are serving in the army which accounts for over half the numbers, followed by the RAF and the Royal Navy/Royal Marines. There are 2,700 Serving Gurkhas.

The strength of the Regular Armed Forces has been decreasing steadily since 2010 when the Strategic Defence and Security Review announced plans for a substantial decrease in numbers of Regular personnel combined with plans to increase the strength of the reserve forces. There have been four years of redundancy tranches from 2010 – 2014 to achieve these reductions on the Regular Forces.

Around 18,000 people leave the Armed Forces each year, this can be because they have come to the end of their Armed Service period (time expiry) or because they choose to leave early before the end of their Armed Service period (voluntary outflow) or because they are discharged from Service for some reason.

Deployments of the UK military

Recent withdrawal of British Armed Forces from Afghanistan brought an end to 13 years of continuous combat operations. The UK military has undergone extensive deployments all over the world since World War II, these are summarised in figure 1.
Figure 1: Timeline of the deployments of the UK military personnel since the Second World War. (Adapted from Kent and Medway HNA 2011)

The Reserve Forces
Reservists are civilians who are called in to the serving Armed Forces from time to time for particular tours of duty.

There are two main categories of reservists:
Volunteer reserves comprise the Royal Naval Reserve, the Royal Marines Reserve, the Territorial Army and the Royal Auxiliary Air Force. They are volunteers recruited from across society and are people who often have families and job commitments. They are recruited on the basis of the same standards as the Regular Forces but they train mostly in their spare time or sometimes on leave from their employers and can be mobilised and deployed when necessary. These are usually the first reservists to be called upon.

Ex-regular reserves are former members of the Regular Forces who retain the potential to be called up for Service, therefore providing some specialist capability and also additional reserve numbers in times of need.

The 2010 Strategic Defence and Security\(^1\) Review and The White Paper Future Reserves 2020\(^2\) set out what the UK Armed Forces will look like in the near future, and the role of the Reserve Forces within this. The plans outline the increasing role of the Reserves by providing both a larger proportion of the force and also Defence’s capability in certain specialist areas that it is not practical or cost effective to maintain full time. The total strength of the reservist population in July 2015 was 32,180, an increase of 4,060 or 14.5% since July 2014. The target strength is 35,060 in 2018/19.

The increased reliance on highly trained reserves now and in the future will require the development of relationships with:

- **Society** – A greater willingness by society as a whole to support and encourage reserve service.
- **Reservists and their families** – Recognising the contribution that reservists make in their security roles, and the impact that this has on their families.
- **Employers** – Recognising the contribution that employers of reservists make in facilitating and supporting their service. The target number of reservists represents only 0.15% of the total workforce in the UK.

**Military Families**

Although the understanding of the impact of Service life has traditionally focused on the Serving person, whether regular or reserve, their families are now recognised as an extremely important part of the military community. Military families have most commonly been considered to include the spouse or partner of a serving person, plus any dependents. More broadly this could be considered to include any members of a family or household unit who experience the impact of Service life of a serving member of the Armed Forces. Importantly, the vast majority of these families will receive their healthcare from the NHS while their Serving family member will have theirs provided by the MOD.
Healthcare in the Ministry of Defence
The Ministry of Defence (MOD) provides primary care and occupational healthcare through its Defence Medical Services (DMS). These services care for all Serving personnel, all reservists while mobilised and occasionally some family members if they are registered with a DMS medical centre. The DMS include medical centres, GP practices, and regional rehabilitation units. It also commissions some additional secondary care services such as inpatient mental health services.

Veterans, military families and reservists when not mobilised have their healthcare provided by the NHS with registration at NHS GP Practices. The MOD does however provide some specialised services, including specialist limb prosthesis and rehabilitation services for veterans.

Transition
The process of leaving the Armed Forces and moving to civilian life is known as transition. Since the publication of the Armed Forces Covenant in 2011, and the MOD’s strategy for veterans in 2003 there has been an increased focus on this stage in a Service personnel’s life. There has also been economic motivation to improve the process of transition the cost to the UK of poor transition has been estimated at £113 million in 2012.

A good transition has been defined as:

“A good transition is one that enables ex-Service personnel to be sufficiently resilient to adapt successfully to civilian life, both now and in the future. This resilience includes financial, psychological, and emotional resilience, and encompasses the ex-Service person and their immediate families.”

The vast majority of propel do have a successful transition but the transition experiences vary greatly depending on the individual and their social context. Some important features of transition have been highlighted:

- The difference between military and civilian life is often underestimated.
- Families matter – the more the Service-leaver’s family is able to help the more successful the transition will be.
- Financial awareness is important as the financial demands of civilian life can be a shock.
- Although the transition process within the Services has improved, it is not consistent across all Service-leavers.
- Although there are a huge number of organisations and charities offering help after transition, these services can be very hard to navigate.
Role of the MOD and NHS General Practices in transition
A resettlement programme for service leavers takes place in last years of service. This is based through education centres that help with career transition through a range of courses, training opportunities and practical support with things like CV writing.

Three months before they leave the have a release medical which is not obligatory but personnel mostly attend. This comprises a structured review of their health and it is also used as a health education and promotion opportunity. It includes a full medical history and examination, and a structured questionnaire about their mental health and alcohol intake. They are given a summary of their medical record and encouraged to register with a civilian GP. Once they are registered with general practices, their medical notes can then be requested by the GP.

The National Strategic Overview
Over the last decade here have been several key documents and reports that have had substantial influence in creating recognition of the contribution that the Armed Forces make to our country. These include important features of aspects of care of veterans, reservists and military families.

Fighting Fit, a Mental Health Plan for Servicemen and Veterans 2010 (The Murrison Report)
Dr Andrew Murrison, an ex-navy medical officer, wrote a report for the government on the mental health needs of veterans. The report called ‘Fighting Fit’ was published in 2010 and resulted in significant improvements in services offered to veterans. It included four principal recommendations:

- Incorporate a structured mental health systems enquiry into existing medical examinations performed whilst serving
- An uplift in the number of mental health professionals conducting veterans’ outreach work from mental health trusts in partnership with a leading mental health charity
- A Veterans Information Service (VIS) to be available twelve months after a person leaves the Armed Forces
- A trial of an online early intervention service for serving personnel and veterans

The Armed Forces Covenant
The 2011 Armed Forces Covenant is a framework for the duty of care that Britain owes its armed forces. It recognises that Military personnel put themselves in harm’s way during the Service of their country. The key principle is that people in the Armed Forces community (Serving personnel, their families, veterans and reservists) do not
experience any disadvantage because of their Service. This is relevant to all aspects of their lives including healthcare, social care and welfare. In healthcare, this means that not only are they not disadvantaged in accessing and receiving effective healthcare, but also that they are treated as a priority if their health problem was incurred due to their military Service. The Covenant states:

“Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need”.

There are also some important features of the Covenant that are particularly relevant for Military families:

- **Health**: The pressure placed on families by mobility should not affect the care they receive from the NHS, this includes waiting list position, access to dental care, and access to fertility treatment. This has been addressed by the MOD who try to ensure that wherever possible that families undergoing IVF treatment are not moved before it is completed. It has also been addressed by the NHS through the Armed Forces Assisted Conception Commissioning Policy which offers up to 3 cycles of funded IVF regardless of where they live and local IVF policies.

- **Education**: Children of members of the Armed Forces should have the same standard of, and access to, education (including early years’ services) as any other UK citizen in the area in which they live.

- **Better support with deployment**: Recognising the challenges of deployment for the family and helping to support them through this process.

**The Chavasse Report 2014**

This report written for the British Orthopaedic Association highlighted the need to ensure better and greater continuity of care for those people severely wounded in action or suffering life changing limb or back infirmity as a consequence of their military service. It supports the Armed Forces Covenant by providing a comprehensive, fast-tracked, high quality service for armed forces personnel through an enhanced partnership between the Armed Forces and the NHS. It emphasises the need for a network of NHS hospitals to provide care for veterans and proposes setting up a number of NHS Veteran Rehabilitation units, linked to those within the military, to make sure of a seamless transition of care and shared learning between the Defence Medical Services and the NHS.

**The Local Policy Context**

Hampshire County Council has a good history of working closely with the Armed Forces in the county and strong reciprocal relationships exist. This was particularly evident during the flooding in Hampshire in 2014 where the Army and Navy provided huge support by working with the civilian organisations during this emergency.
Hampshire County Council has proactively established a tri-service Civilian Military Partnership (CMP) Board, in order to co-ordinate and direct implementation of support to the Armed Forces across Hampshire. Members of this include counsellors, representatives of each directorate of the Local Authority and each of the military services, and the families' federations.

NHS England also has a strong role in Hampshire, working with CCGs, local authorities and health and well-being boards through their Armed Forces Networks. Hampshire is part of the South Central Armed Forces Network.

**Hampshire Community Covenant**

The Hampshire Community Covenant was made between Hampshire County Council and the Armed Forces Community in Hampshire. It is a voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the Nation, the Government and the Armed Forces, at the local level.

It aims to encourage support for the serving and former members of the Armed Forces and their families working and residing in Hampshire, and to encourage all parties within the community to offer support to the local Armed Forces community and make it easier for them to access the help and support available from the MOD, from statutory providers and from the Charitable and Voluntary Sector. It also presents an opportunity for Hampshire County Council to bring their knowledge, experience and expertise to bear on the provision of help and advice to members of the Armed Forces Community.

### 1.3 The Armed Forces in Hampshire

Hampshire has a substantial military presence, including Army, Royal Navy and RAF bases (see figure 2 for the locations of military bases across the county). The number of military personnel entitled to Defence medial service care provides a good indication of the size of the Serving population across Hampshire. There are currently a total of 13,250 military personnel entitled to MDS care in Hampshire, with the largest proportion in North East Hampshire and Farnham (4,250) and then roughly the same number in both Fareham and Gosport (3,210) and West Hampshire (2,990), and fewer in North Hampshire (1,970) and South East Hampshire (830). The type of Service varies by CCG with Fareham and Gosport being mainly Navy, North East Hampshire and Farnham having the largest proportion of the Army along with a proportion in West Hampshire, and North Hampshire containing most of the of the RAF. Of these, approximately 550 are Serving Gurkhas (the Queen’s Own Logistics Regiment).
Table 1: The number of military personnel registered with DMS in Hampshire, by Service. This includes Regular and Reserve personnel.

<table>
<thead>
<tr>
<th>CCG Area</th>
<th>All personnel</th>
<th>All military</th>
<th>Navy</th>
<th>Army</th>
<th>RAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fareham and Gosport</td>
<td>3,210</td>
<td>3,210</td>
<td>2,890</td>
<td>170</td>
<td>160</td>
</tr>
<tr>
<td>North East Hampshire and Farnham</td>
<td>4,250</td>
<td>4,250</td>
<td>10</td>
<td>4,220</td>
<td>20</td>
</tr>
<tr>
<td>North Hampshire</td>
<td>1,970</td>
<td>1,970</td>
<td>10</td>
<td>200</td>
<td>1,750</td>
</tr>
<tr>
<td>South East Hampshire</td>
<td>830</td>
<td>830</td>
<td>50</td>
<td>780</td>
<td>20</td>
</tr>
<tr>
<td>West Hampshire</td>
<td>3,000</td>
<td>2,990</td>
<td>130</td>
<td>2,540</td>
<td>320</td>
</tr>
<tr>
<td>TOTAL</td>
<td>13,260</td>
<td>13,250</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From personal communication from SO1 Service Improvement HQ Surgeon General, based on data provided by Defence Business Support services Sep 15.
Figure 2: the location of military bases across Hampshire
2. VETERANS

2.1 Description and demographics of the veteran population

The national veteran population

The most up to date data on the ex-Service community (veterans and their dependents) is provided by the 2014 Royal British Legion (RBL) survey which surveyed 1,281 veterans and 840 adult dependents about their welfare needs including health, finance, housing, work and training.

The size ex-service community is estimated at around 6.1 – 6.2 million. This includes the number of veterans and adult dependent (spouses, partners, widows and some dependent 16-24 year olds). This is a substantial decrease since 2005 when there were 10.5 million, and the number is expected to decrease further over the coming years to 5.45 million in 2020 and 4.7 million in 2025.

Veterans make up just under half of the total ex-Service community, with their dependants accounting for just over half. Dependants comprise two thirds adults and one third children aged under 16.

Key points about the size and profile of the veteran population nationally:

- RBL estimate there are currently **2.8 million veterans in the whole of the UK, 2.32 million of these are in England**.
- Veterans currently constitute 4.4% of the population (or 5.4% of the adult population).
- The veteran population is decreasing in number. In 2005 when there were estimated to be 4.8 million veterans (8.0% of the population)
- The veteran population is largely elderly with 46% over 75 years old, and 64% over 65 years old, reflecting the large numbers of personnel who served in the Second World War or post-war national service.
- The average age of the adult ex-Service community is 67 years, compared with 47 years for the general adult population.
- Nine in ten veterans in the UK have served in the Regular Forces and 12% as Reserves.
- Of those in the Regular Forces, over half have served in the Army, a quarter in the RAF and one in ten in the Navy or Marines (see table 2)
- 88.9% of veterans are male and 11.2% are female. 98.3% are from a white ethnic background which is more than the proportion of the general UK population (87.2%).
6 in 10 (58%) of veterans have been deployed and the nature of their exposure to conflict reflects the age of the veterans and the dates of the particular military operations.

Table 2: Branch of Service of veterans (data from the RBL 2014 survey)

<table>
<thead>
<tr>
<th>Branch of Service</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular:</td>
<td>2.58 million</td>
<td>91%</td>
</tr>
<tr>
<td>- Army</td>
<td>1.52 million</td>
<td>54%</td>
</tr>
<tr>
<td>- RAF</td>
<td>710,000</td>
<td>25%</td>
</tr>
<tr>
<td>- Royal navy/marines</td>
<td>350,000</td>
<td>12%</td>
</tr>
<tr>
<td>Reserves:</td>
<td>330,000</td>
<td>12%</td>
</tr>
<tr>
<td>- TA</td>
<td>270,000</td>
<td>10%</td>
</tr>
<tr>
<td>- RAFR/RNVR</td>
<td>30,000</td>
<td>1%</td>
</tr>
<tr>
<td>- RAFR/RNVR/RMR</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>- Other</td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>

TA= Territorial Army, RAFR=Royal Airforce Reserves, RNVR= Royal Navy Volunteer Reserves, RMR= Royal Marines Reserves)

Geographical distribution
The population of veterans is not evenly distributed throughout the UK, the regions with the largest numbers of ex-Service community are the South West and the South East (610,000 veterans each), followed by Yorkshire and Humber (530,000). The regions where there is the greatest proportion of ex-service community in relation to the general population are the South West (15%) and North East (13%).

The Regional veteran population
A secondary analysis of the Royal British Legion survey data commissioned by NHS England provide some numbers and demographics of the ex-Service population in the South East of England which includes Hampshire. Some caution is needed when looking at these data as the sample size from the region was relatively small (around 100-170 veterans).

Key points about Demographics of the ex-Service community in the South East:

- The South East is one of the regions with the largest ex-Service community with 610,000 veterans and dependants (12% of the national ex-Service community population). This is made up of 310,000 veterans and 280,000 dependents.
- Across England as a whole the penetration (the proportion of ex-Service community in relation to the general population) of the adult ex-Service community is 9% and in South East it is slightly lower at 8%.
- The South East is one of the regions with the highest proportion of retirement age veterans aged over 65 years (62% are 65-84 years old and 10% are over
85 years old). There are fewer younger veterans; 9% are age 16-44, and 19% are aged 45-65 years old.

- 48% of working age adults in the ex-Service community are unemployed in the South East (compared to 46% in the total ex-Service community in England)
- The South East has a relatively high proportion in the higher social classes than the national ex-Service population overall and they are also among the most affluent.

The Hampshire veteran population

It is currently very difficult to obtain robust data on the number and location of veterans at a local level. Although the national census does collect information on serving personnel via the questions about occupation, there is no data collected on veteran status. Similarly, the MOD has data on the Serving personnel (where they were recruited and where they are registered with defence medical services) but does not monitor where they go when they leave the Services. General practice patient registers offer another potential source of data about veterans, but recording of their veteran status is variable and generally poor (this will be discussed in section 3). Therefore, attempts to identify the number of veterans rely on estimates based on various data sources. Although none of these are 100% accurate, they do give a general indication of the size and location of the local veteran population.

Figures extrapolated from national data:

As described above, the most recent attempt at identifying the number of veterans in the UK was the Royal British Legion UK household survey of the ex-service community in 2014. This provides an estimate of the percentage of the UK population that are veterans by age. From this, it is possible to extrapolate the expected number of veterans of each age in Hampshire by applying the percentage of veterans to the number of people we have living in the county. This is displayed in tables 3 and 4.

The national data indicates that 5.4% of the total adult population in the UK is a veteran, but this is very different for males (9.9% of adult population) and females (1.1% of the adult population). The extrapolations suggest that there are a total of nearly 60,000 veterans living in Hampshire, and around 40,000 of these are likely to be over 65 years old.

These figures are just rough estimates and some caution is needed when interpreting them as Hampshire has a slightly older population than the UK as a whole, and as the regional data described above highlights, the concentration of veterans varies across the country.
Table 3: Expected number of veterans in Hampshire by age. Calculated from extrapolations of national RBL data applied to 2014 mid-year adult population estimates for Hampshire

<table>
<thead>
<tr>
<th></th>
<th>% of UK adults who are vets</th>
<th>Hampshire population (mid 2014 estimates)</th>
<th>Estimated number of veterans in Hampshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>5.4%</td>
<td>1,097,377</td>
<td>59,258</td>
</tr>
<tr>
<td>16-24</td>
<td>0.5%</td>
<td>133,843</td>
<td>669</td>
</tr>
<tr>
<td>25-34</td>
<td>1.1%</td>
<td>149,558</td>
<td>1,654</td>
</tr>
<tr>
<td>35-44</td>
<td>2.8%</td>
<td>172,452</td>
<td>4,829</td>
</tr>
<tr>
<td>45-54</td>
<td>4.2%</td>
<td>203,268</td>
<td>8,537</td>
</tr>
<tr>
<td>55-64</td>
<td>5.1%</td>
<td>164,369</td>
<td>8,383</td>
</tr>
<tr>
<td>65-74</td>
<td>6.8%</td>
<td>147,684</td>
<td>10,043</td>
</tr>
<tr>
<td>75-84</td>
<td>25.3%</td>
<td>88,331</td>
<td>22,348</td>
</tr>
<tr>
<td>85+</td>
<td>23.7%</td>
<td>37,872</td>
<td>8,976</td>
</tr>
</tbody>
</table>

Table 4: Expected number of veterans in Hampshire by age and gender. Calculated from extrapolations of national RBL data applied to 2014 mid-year adult population estimates for Hampshire

<table>
<thead>
<tr>
<th></th>
<th>% vets in general pop - Men</th>
<th>% vets in general pop - Women</th>
<th>Estimated number of veterans in Hampshire Men</th>
<th>Estimated number of veterans in Hampshire Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td>9.9%</td>
<td>1.1%</td>
<td>52,572</td>
<td>6,230</td>
</tr>
<tr>
<td>16-24</td>
<td>0.9%</td>
<td>0.1%</td>
<td>622</td>
<td>65</td>
</tr>
<tr>
<td>25-34</td>
<td>1.7%</td>
<td>0.4%</td>
<td>1,253</td>
<td>303</td>
</tr>
<tr>
<td>35-44</td>
<td>4.4%</td>
<td>1.1%</td>
<td>3,671</td>
<td>979</td>
</tr>
<tr>
<td>45-54</td>
<td>7.4%</td>
<td>1.1%</td>
<td>7,393</td>
<td>1,137</td>
</tr>
<tr>
<td>55-64</td>
<td>8.3%</td>
<td>1.6%</td>
<td>6,713</td>
<td>1,336</td>
</tr>
<tr>
<td>65-74</td>
<td>12.2%</td>
<td>1.9%</td>
<td>8,631</td>
<td>1,462</td>
</tr>
<tr>
<td>75-84</td>
<td>56.3%</td>
<td>2.0%</td>
<td>22,450</td>
<td>969</td>
</tr>
<tr>
<td>85+</td>
<td>60.1%</td>
<td>4.1%</td>
<td>8,033</td>
<td>1,005</td>
</tr>
</tbody>
</table>
Compensation and pension scheme data:
The Occupational pension scheme available to veterans following regular Service in the UK is the Armed Forces Pension Scheme (AFPS). There are three types of AFPS; AFPS 75 available before 2005, AFPS 05 available from 2005 to 2015, and AFPS 15 which came into effect April 2015. Those Serving during a change in scheme were offered the opportunity to move across to the new scheme or stay with the old but nearly all current Serving personnel have been transferred to AFPS 15. Reserves who are employed full time are entitled to the Reserve Forces Pension Scheme (RFPS).

There are also two compensation schemes for veterans in operation in the UK – the War Pensions Scheme (WPS) provides compensation for ex-service personnel who have incurred illness, injury or death from Service from the start of the First World War in 1914 up until 2005. The Armed Forces and compensation Scheme (AFCS) provides compensation to both Regulars and Reserves for illness, injury or death sustained during Service after 2005.

The data show that just over 20,000 veterans receive a pension under the AFPS, and around 5,000 receive payments from the WPS, and around 1,600 receive compensation under the AFCS (although only 740 of these are in people who’ve left the service).

Although comparison of these figures with the expected number of veterans in Hampshire derived from extrapolations of national data suggest that there are a large proportion of veterans not receiving pensions or compensation, these data give a good indication of the distribution of veterans across Hampshire by both district and by CCG (see table 5 and 6, and figure 3). The districts with the highest numbers of veterans receiving pensions are Fareham and Gosport, and this is reflected in the Fareham and Gosport CCG having the most veterans in receipt of a pension living within their boundaries.

However, there are two issues which make interpretation of these numbers difficult:

1. It is not known how many veterans are receiving awards under more than one scheme which may result in some double-counting.
2. There are veterans who do not receive a pension, for example because they did not complete the minimum number of years of Service required to get one. Estimates have suggested that only 8-12% of veterans receive a pension therefore the data will greatly under-estimate the total number of veterans in Hampshire.

Table 5: A summary of the number of individuals in Hampshire by district in receipt of an occupational pension under the AFPS, an ongoing pension under the WPS, and
those that have been awarded compensation under the AFCS (either in-Service or post-Service).

<table>
<thead>
<tr>
<th>District</th>
<th>All AFPS</th>
<th>All WPS</th>
<th>All AFCS</th>
<th>AFCS In-Service</th>
<th>AFCS Post-Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basingstoke and Deane</td>
<td>1,110</td>
<td>325</td>
<td>55</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>East Hampshire</td>
<td>1,755</td>
<td>385</td>
<td>110</td>
<td>45</td>
<td>65</td>
</tr>
<tr>
<td>Eastleigh</td>
<td>850</td>
<td>290</td>
<td>30</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Fareham</td>
<td>3,745</td>
<td>675</td>
<td>105</td>
<td>70</td>
<td>35</td>
</tr>
<tr>
<td>Gosport</td>
<td>4,185</td>
<td>710</td>
<td>175</td>
<td>105</td>
<td>70</td>
</tr>
<tr>
<td>Hart</td>
<td>1,175</td>
<td>270</td>
<td>190</td>
<td>100</td>
<td>90</td>
</tr>
<tr>
<td>Havant</td>
<td>2,145</td>
<td>570</td>
<td>60</td>
<td>20</td>
<td>35</td>
</tr>
<tr>
<td>New Forest</td>
<td>1,460</td>
<td>510</td>
<td>150</td>
<td>85</td>
<td>65</td>
</tr>
<tr>
<td>Rushmoor</td>
<td>1,450</td>
<td>355</td>
<td>475</td>
<td>255</td>
<td>220</td>
</tr>
<tr>
<td>Test Valley</td>
<td>2,095</td>
<td>500</td>
<td>150</td>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>Winchester</td>
<td>1,400</td>
<td>345</td>
<td>105</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>21,370</strong></td>
<td><strong>4,935</strong></td>
<td><strong>1,605</strong></td>
<td><strong>850</strong></td>
<td><strong>740</strong></td>
</tr>
</tbody>
</table>

Table 6: Summary of individuals in Hampshire by CCG in receipt of an occupational pension under the AFPS, an ongoing pension under the WPS, and those that have been awarded compensation under the AFCS (either in-Service or post-Service).

<table>
<thead>
<tr>
<th>CCG</th>
<th>All AFPS</th>
<th>All WPS</th>
<th>All AFCS</th>
<th>AFCS In-Service</th>
<th>AFCS Post-Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fareham and Gosport</td>
<td>7,930</td>
<td>1,385</td>
<td>280</td>
<td>175</td>
<td>105</td>
</tr>
<tr>
<td>North East Hampshire and Farnham</td>
<td>2,595</td>
<td>665</td>
<td>595</td>
<td>310</td>
<td>285</td>
</tr>
<tr>
<td>North Hampshire</td>
<td>1,720</td>
<td>460</td>
<td>135</td>
<td>70</td>
<td>65</td>
</tr>
<tr>
<td>South Eastern Hampshire</td>
<td>3,695</td>
<td>890</td>
<td>175</td>
<td>70</td>
<td>105</td>
</tr>
<tr>
<td>West Hampshire</td>
<td>5,725</td>
<td>1,645</td>
<td>425</td>
<td>240</td>
<td>185</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>21,665</strong></td>
<td><strong>5,045</strong></td>
<td><strong>1,610</strong></td>
<td><strong>865</strong></td>
<td><strong>745</strong></td>
</tr>
</tbody>
</table>
Figure 3: Number of veterans receiving an AFPS
**Summary of the description and demographics of the veteran population**

Estimates suggest that there are 2.8 Million veterans in the UK, constituting just over 5% of the adult population. The veteran population is largely an elderly one with nearly half over the age of 75 years. The vast majority have served in the Regular forces (nine in ten), with over a half in the Army, a quarter in the RAF, and 12% in the Royal Navy or Royal Marines. The ratio of men to women is ten to one.

There are around 60,000 veterans in Hampshire, with the greatest numbers living in Gosport, Fareham, Havant and the Test Valley. The CCG with the greatest numbers is Fareham and Gosport.

### 2.2 The Health and Healthcare Needs of Veterans

Around 18,000 people leave the Armed Forces each year and return to civilian life as a veteran. Service in the Armed Forces is generally associated with good physical and mental health due to the requirements for physical fitness and regular medical review, combined with being in employment during their period of service. However, they may face health problems after leaving the Services. These can occur at any time after returning civilian life, from as early as transition right up to new emergence in later life. The health problems experienced in veterans will vary hugely depending on the age of the veteran, the length of Service, the type of Service and the location and nature of deployments.

Three groups of veterans with distinct health problems have commonly been identified:

- The elderly veterans
- Working age veterans
- Younger veterans, often early Service leavers

There has also been emphasis on vulnerable groups of veterans who may experience more health problems than other veterans:

- Early service leavers
- Those who make frequent transitions, i.e. reservists (these will be discussed in Reservists section)
National data about the health and healthcare needs of veterans
The most recent and extensive review of the health of veterans is provided by the Royal British Legion ex-service community Survey 2014. The key findings of this report are:

- **Half of the ex-Service community have some long-term illness or disability**, most often a physical condition. Prevalence of many conditions has increased since 2005 because of the ageing population, especially musculoskeletal conditions, cardiovascular and respiratory problems, and sensory problems.

- **Nearly a quarter of veterans with a health condition attributed it to their military service.** Veterans are most likely to attribute their musculoskeletal problems, hearing-related problems, mental illness and alcohol problems to their time in the military.

- Those in the ex-Service community of working age are more likely than the general population to report having **musculoskeletal problems, hearing difficulties or depression**, or some condition that limits their activity.

- **Reported mental health problems have doubled since 2005.** Only one in twenty have sought help for mental health problems. Even among those reporting psychological problems, only 16% have accessed help.

- **One in five veterans with a long-term illness attributes it to military Service**, particularly musculoskeletal problems, hearing problems and mental illness. Over half of veterans aged 25-44 with a long-term illness attribute it to their Service.

**Serious Injury:**
There were over 800 very seriously, or seriously injured personnel form recent conflicts on Afghanistan and Iraq. Although these numbers are relatively small compared to the overall veteran population, the complexity of these injuries may present a healthcare challenge in the coming years.

**The health of early service leavers:**
Compared to longer serving veterans, early Service leavers have high rates of:

- Heavy drinking
- Suicidal thoughts or self-harm
The health of the elderly veteran population:

- The over 75 year olds make up 46% of the ex-service community.
- Many of the problems that affect the elderly ex-service population are the same as those faced by elderly people generally, loneliness and isolation, mobility problems and difficulties with self-care.
- Just over a third of the ex-Service community live alone compared to one fifth of the UK general population, which reflects the fact that the ex-Service population is older.
- The elderly ex-serving community may actually be experiencing better health than the general population of the same age as they are less likely to report ill health than the general population of the same age.

The health of the working age veteran population (age 16-64):

- Although many of the health needs of veterans are likely to be the same as those of the working age general population, there are some key differences between them
- They are more likely to:
  - Report health conditions that limit their daily activity such as musculoskeletal and hearing problems
  - Be out of work
  - Have unpaid caring responsibilities
  - Report being depressed

The health of the younger veteran population:

- The 16-34 year olds make up 6% of the ex-Service community.
- More likely to have experienced difficulties before going into the Armed Forces, such as school expulsion or drugs and alcohol problems.
- More likely to have employment and financial problems.
The mental health of veterans
The mental health of both serving military personnel and veterans has received much attention over recent years, both in research and in the public, media and political world.

Research\textsuperscript{15,16} into the rates of mental health problems of veterans in the UK are summarised as follows:

**General mental health:**
- The majority of Serving and ex-Serving personnel have relatively good mental health, and in general there is no clear evidence that mental health in the Armed Forces is substantially worse than other occupational groups.
- The most commonly experienced problems are common mental health problems (anxiety and depression) and the rates for these are broadly similar to the general population.
- PTSD continues to be less common than either depression or anxiety, and is experienced by around 4% of veterans.
- Groups at increased risk of mental health problems are reservists, combat troops, early service leaver and those with pre-existing social or childhood adversities.

**Suicide:**
- Suicide rates in the Armed forces are lower than the general population with the exception of young men in the Army under the age of 20, and young veterans aged 16-24 who are early Service-leavers. The higher rates in these two groups are likely to be due to pre-Service vulnerabilities such as childhood adversities.

**Alcohol and violent behaviour:**
- Alcohol misuse in the UK military is a significant and well known problem. Members of the Armed Forces do report higher rates of alcohol misuse than the general population.
- Evidence on violent behaviour is emerging in personnel returning from deployment in Iraq, and this shows a strong association with pre-enlistment antisocial behaviour.

**Help-seeking:**
- The rates of help-seeking of military and ex-military personnel for mental health problems is similar to those found in the general population.
- Stigma is an important barrier for Serving and ex-Serving personnel to seeking help for mental health problems but there is no evidence that this stigma is any worse for these groups than for the general population.

**Mental health screening:**
- Pre-deployment mental health screening does not reduce the rate of post deployment mental health problems.
The Wider Determinants of Health

Criminal justice system
There has been a common misconception that veterans are more likely to commit crimes and end up in prison because of their experiences in the military. However, Defence statistics for health\textsuperscript{17} estimates that 3.5% of the current prison population has served in the UK Armed Forces, which means they are actually slightly less likely to have a criminal conviction than the general population. They are fewer report problems dealing with the authorities now than nine years ago, with the greatest decrease for those aged 45 and over.\textsuperscript{8} Veterans are more likely than the general population to be in prison for sex offenses or violence.

Homelessness
Another common belief is that veterans make up a large proportion of the homeless population in the UK, largely because of worrying reports in the 1990s that 20% of rough sleepers in London were ex-Service. Estimates of the proportion of rough sleepers that are ex-servicemen have varied hugely and range from 3-25% over the last 30 years, however, the proportion of veterans amongst the homeless population has declined since the 1990s and the most recent estimate of the proportion of street-homeless in London that are veterans is 3%.\textsuperscript{18} There is suggestion that veterans are more likely to sleep rough and be homeless for longer than the general homeless population.

Homelessness has several impacts on health. Homeless veterans are more likely to experience alcohol related problems, mental health problems, physical health problems, and social isolation.

Reasons why veterans experience housing difficulties may include:

- A shortage of affordable accommodation
- Problems sustaining tenancy
- Substance misuse
- Mental health issues
- Relationship breakdown
- Inadequate transition planning from the Armed Forces

Help from the MOD in preventing homelessness is limited with some advice from the Joint Service Housing Advice Officer during transition, and a small number of accommodation placements for those most at risk. There have also been MOD schemes to help Service Personnel buy their own house (for example, the Forces Help to Buy Scheme). Post-discharge veterans rely on local authorities or charity organisations to provide accommodation and support for homelessness.
In 2014 there were 17 separate providers of accommodation dedicated to single veterans across the UK, providing a total of 910 bed spaces. This is expected to increase over the next few years through planned developments.

**Regional data about the health and healthcare needs of veterans**

**The General Health of the ex-Service community in the South East**
Regional extrapolated data from the RBL 2014 survey provides an indication of the health problems of the ex-Service community in the South East of England. Nearly a half report at least one long term condition or illness in the South East, and over a quarter report having multiple conditions. In line with the national picture of health problems faced by the ex-Service community, the three most frequently reported issues in the South East are difficulties with self care (experienced by 13%), psychological problems (most often depression, experienced by 12%) and mobility problems (10%).

![Figure 4: Current long term physical or mental health conditions, illnesses or disabilities reported by members of the ex-Service community in the South East of England. Displayed as percentage of respondents reporting each health condition (data from RBL 2014 survey)](image)

**Alcohol**
9% of veterans in England had an alcohol problem as measured by the WHO Drink Audit questionnaire, this was a little lower at 8% in the South East but still represents a significant problem.
Use of services
The health services most commonly used by veterans in the South East are:

- GP (65%)
- OT/physiotherapist (11%)
- Accident and Emergency (9%)
- Podiatry (foot care) 8%
- NHS walk-in clinics (6%)
- Audiology clinics (6%)
- District nurses (5%)
- Mental health services (5%)

The health and healthcare needs of veterans in Hampshire
The physical and mental health of veterans in Hampshire is likely to be similar to that of veterans in both the South East and nationally, however the population in Hampshire is a little older than it is across England as a whole so there is likely to be a slightly higher proportion of elderly veterans.

The health of veterans in Hampshire was explored using three methods:

- Gathering of available data
- Focus group with veterans
- Interviews with stakeholders

Data about the health of veterans in Hampshire
Due to the difficulty identifying veterans in Hampshire, comprehensive data on their health is limited. However, a number of sources of data can be reviewed to give an indication of the health needs of veterans.

Mental health data:
The Hampshire IAPT (Improving Access to Psychological Treatment) service, TalkPlus, asks all people who are referred to them for assessment or treatment whether they have a connection to the military. Data from a six month period from March to September 2015 suggest that 2% of people referred to TalkPlus are a veteran, and around 1% are a family member or dependent.

It is possible that this is an underestimation of the true proportion of people seen by TalkPlus who have a military connection because some may not admit to this connection when asked.
Table 7: Proportion of referrals to Hampshire’s TalkPlus service from people with a military connection (data from Hampshire IAPT service for 6 months 1/3/15 to 31/8/15)

<table>
<thead>
<tr>
<th>Demographic of IAPT user</th>
<th>Number of referrals</th>
<th>% of total referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Military Connection</td>
<td>2262</td>
<td>97%</td>
</tr>
<tr>
<td>Ex-Services</td>
<td>45</td>
<td>2%</td>
</tr>
<tr>
<td>Military Family</td>
<td>8</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Dependant of an Ex-Serving Member</td>
<td>6</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Not sated/unknown</td>
<td>8</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Table 8: Diagnoses of Ex-Service personnel using Hampshire IAPT service over six months (data from Hampshire IAPT service for 6 months 1/3/15 to 31/8/15)

<table>
<thead>
<tr>
<th>Mental health diagnosis</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental and behavioural disorders due to use of alcohol</td>
<td>~</td>
</tr>
<tr>
<td>Depressive episode</td>
<td>~</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>~</td>
</tr>
<tr>
<td>Generalised anxiety disorder</td>
<td>~</td>
</tr>
<tr>
<td>Mixed anxiety and depressive disorder</td>
<td>22</td>
</tr>
<tr>
<td>Obsessive compulsive disorder</td>
<td>~</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>5</td>
</tr>
<tr>
<td>Disappearance and death of family member</td>
<td>~</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>~</td>
</tr>
<tr>
<td>Adjustment disorder</td>
<td>~</td>
</tr>
<tr>
<td>Unspecified/missing</td>
<td>~</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
</tr>
</tbody>
</table>

~ numbers less than 5

The proportion of ex-Service personnel with each diagnoses are similar to those of the general population, with the exception of PTSD which represents around 10% of diagnoses in veterans over this six month period (compared with the 3% in the general population), however the numbers of veterans are small so caution is needed in interpreting this percentage.

It is apparent that by far the largest proportion of veterans are referred for mixed anxiety and depression. This is in accordance with national data described above.
**Alcohol and substance misuse data:**
The Hampshire Drugs and Alcohol Team (DAAT) record the number of people they have contact with who have a military background. This data is shown in figure 5. Although this can give a rough indication of the extent of the problem with drugs and alcohol in the veteran population in Hampshire, it is not possible to distinguish the rates of contact with personnel who are currently serving and veterans as the data include both.

The data is likely to underestimate the true numbers of Service personnel and veterans with drug or alcohol problems because:

- It will only include those who have sought formal help for their problem. This may be particularly relevant to seeking help for drug problems as the military has a zero tolerance policy on drug use and anyone found using them will be expelled from Service.
- It relies on the person declaring their military background when asked.

Overall, the data show that although there is some variation, there are generally around 30-50 people with military backgrounds seen by the DAAT for alcohol problems every quarter, and around 20-30 with drug problems. The DAAT see a total of around 250-300 people per quarter so Serving personnel and veterans make up around 10% of those seen.

![Figure 5: number of serving and ex-serving personnel seen by the Hampshire drugs and alcohol team 2013-14](image)
Homelessness
The problem of veteran homelessness in Hampshire is very difficult to quantify but there is strong suggestion that there is a need for more accommodation and support for homeless veterans.

- There is one residence that offers specialist support and accommodation to single service leavers who have been recently discharged, as well as veterans who have left the armed forces some time ago. Mike Jackson House has 26 bed spaces and is always over-subscribed.

- The Winchester Night shelter offers accommodation to any homeless people while they receive support and make arrangements for permanent accommodation. They have 17 beds and are also very over-subscribed (they were able to offer a bed to 144 between 2013 and 2014, but had to turn away 312 due to a lack of space). 17% of those using the Night shelter between 2014 and 2014 had a connection to the Armed Forces.

Criminal justice
There is now a policy for the police to ask all people who come into contact with the criminal justice system in Hampshire whether they have a connection to the military. There are two programmes that may help veterans in the criminal justice system:

- Hampshire Probation Trust run a peer mentoring service for veterans who have served time in prison or been put on probation. The volunteer mentors support the veterans with everything from housing, financial and employment difficulties to health issues, such as alcohol abuse and mental health problems. They also accompanying them to appointments and support them through the various steps in re-building their lives.

- Southern Health NHS Foundation Trust run a Court diversion Scheme run by identifies people with severe mental health problem in the criminal justice system, so that they can get the help they need.

Data collected through this court diversion scheme and peer mentoring scheme indicate that in the six month period January –June 2015 a total of 86 veterans were identified in the criminal justice system and prison.

Contact with Adult Social Services
Adult Services in Hampshire also asks everyone who they come into contact with if they have a military connection. This data show that about 15% of people who come into contact with Hampshire Adult Services have a military connection.

In 2014/15, of a total of 3510 people who came into contact with Adult services, the number of people with connections to each Service type was:

- Army - 1695 people
- Royal Navy – 810 people
• RAF – 757 people
• Other - 248

**Stakeholder interviews**

To gain further understanding of the issues that affect military families in Hampshire, and to find out what could be done to improve services and support for them, interviews were conducted with a number of organisations who come into contact with veterans and offer them support for their health and wider welfare needs.
Veterans Mental Health Services, NHS England

The big issues at the moment are identified as:

1. **Supporting the families** of regular serving personnel, reservists and veterans, in particular with regards to supporting the children in these families with their ongoing issues related to their parents service. This is particularly important for families of reserves who do not benefit from the same support network as a Regular does.

2. **Ensuring good support for veterans with complex mental health problems.** At present the lower level of support is relatively good but the provision of support above level 3 of IAPT needs to be strengthened by identifying where the high level services are and how these can fed into a network.

3. **Better treatment of veterans with dual diagnoses of alcohol and mental health problems.** Many veterans suffer problems with both of these and treatment needs to focus on both the physical and mental health of veterans together. Part of the solution might be to ensure frontline staff in alcohol services are more aware of the complex issues that affect veterans.

4. **Better supporting early service leavers.** These veterans often have more difficulty transitioning back into civilian life and have been reported to have worse outcomes than veterans who serve for longer.

5. **The quantity of services available** to veterans, reserves and families is so extensive (there are more than two and a half thousand military charities) that it can be difficult for them to know where to go and how to get what they need and also which of the organisations is the best and most reputable. NHS England and KCL are working together to produce some guiding principles and standards for services, and to produce a comprehensive directory or network of them.

6. **Better identification of veterans.** Current data on the number and locations of veterans both nationally and locally is limited. Suggestions include including questions about military background on annual local authority surveys of households.
Combat Stress South Central

Combat Stress provides treatment or welfare support to any veteran or de-mobilised reserve. Referral to Combat Stress is via self-referral, GP referral or other family, friend, health or welfare professional. Everyone will have an initial assessment with a welfare officer who will refer to mental health or sign post to other organisations such as RBL, SSAFA, CAB, H4H. If mental health treatment is required there are psychiatric nurses and psychiatrists who can provide it in a semi-military setting. Referrals have increased by 26% in the last year which is thought to reflect an increase in need combined with an increase in public awareness of combat situations and the trauma of battle which is making more people recognise symptoms in veterans and reservists.

The main issues identified:

- **Veterans and reservist presenting very late to Combat Stress.** There is currently an average of 11 years from the point of leaving the military to presenting at Combat Stress with mental health difficulties. Although this has decreased a little from 13.5 years in the recent past, by working closely with the Royal college of GPs to help raise awareness, it still represents a big gap in the time until they get the treatment they need. Some of the reasons they slip through the net and have this delay in getting help include:
  - Not telling their GP they are a veteran or reservist so the GP does not know to ask about this or look for signs.
  - Presenting differently to the general population – often with numerous small issues such as social, domestic, housing problems that are not picked up as being linked with an underlying mental health problem. They may therefore have spent time in inappropriate services.
  - Not recognising that they have a mental health problem and thinking that it is merely a ‘normal’ part leaving the Armed Forces.
  - If they have experienced trauma, they may be reluctant to tell their story because it is very difficult for them to do so.
  - There is often alcohol involved, or getting into trouble with the police so they risk falling out of society altogether.

Recommendations:

- To identify veterans in GP practices at the point of registration so that if someone presents with a physical, mental or social problem the GP is able to ask if there is anything about their military experience that may be affecting the reason they are coming for help.
- To have a veteran champion in every GP practice who is aware of veteran issues and the support available so that they can facilitate the process of finding the right help. Any member of staff at the practice could fulfil this role, not necessarily a clinician.
- Education of NHS frontline services about trauma related problems originating from time in the military so that they feel able to treat someone with trauma from a military ‘index event’ in the same way that they would treat anyone else with trauma. For some veterans and reservists the most appropriate place to treat them is in the NHS and an understanding that their PTSD can be treated like any other PTSD would facilitate their care. Equally, some cases will be more appropriately treated in a different setting, such as by Combat Stress for more severe trauma, and it is important to make sure this is where their care is carried out.
South Central Veterans Service

The south Central Veterans Service provide assessments for all mental health needs of veterans and reservists across Oxfordshire, Buckinghamshire, Berkshire, Hampshire, and the Isle of Wight. They then either provide specialist treatment for PTSD in their one regional treatment centre (in Reading), or more commonly signpost to the most appropriate NHS service (for example, community mental health services, the local IAPT, or the drugs and alcohol teams).

Issues identified:

- **The most common mental health presentations** are for:
  - Depression
  - Anxiety
  - PTSD
  - Alcohol
  - Anger

- **Veterans may not fit into the current services for the general population** because their needs and the way that they present may be a little different, for example with anger issues. They may be a little too difficult to be managed in primary care, but not complex enough to require community mental health services. The South Central Veterans Service can to some extent fill this gap by assessing them and then identifying and referring to the most appropriate treatment service.

- **Some groups of veterans are harder to engage** with and are under-represented within the services. For example the Gurkha veterans make up a significant proportion of some parts of Hampshire but very few are in touch with mental health services. Although there are cultural differences in the concepts of mental health, they do still have symptoms that could be attributed to mental health problems.

Recommendations:

- **The support offered to family and friends of veterans** who have a mental health problem is currently limited and it would be beneficial to improve support for them through for example by including them in some of the treatment sessions and making them more aware of what the veteran is going through.

- **To improve the transition of Service personnel** who are identified as having mental health issues or problems that may result in mental health issues so that there is less chance that they are ‘lost’ during transition. For example, this could potentially be achieved with a post that links the MOD and NHS mental health services that offers practical advice and helps manage the stress of the transition.
Dr Burnell at Portsmouth University carries out research into the health and health needs of veterans in Hampshire, focussing on older veterans.

Issues identified:

- The health needs of veterans cannot be generalised and depends very much on when they leave Service.
- It is not uncommon for issues, such as memories of Service, to re-emerge later on in life but that the specialised services to support them tend to disappear.

Recommendations:

- Better using the positive memories of Service in veterans – Service is a very significant time in many veteran’s lives and by encouraging veterans to share their positive memories it may help to combat loneliness and isolation especially in elderly veterans. This could be done in a peer-support structure, with younger veterans who become ready to talk about their memories being paired with older ones who have been through the same process.
- Raise awareness that Service experience can impact on later life experience – this will be particularly important as the number of Serving personnel decreases and some of the specialised services for veterans cease to be sustainable for the smaller numbers.
- Consider the needs of older veterans in Local Authority documents such as the JSNA and older persons strategies.

Research currently being conducted at Portsmouth University:

- Evaluation of the Veterans Outreach Support (VOS) drop-in service in Portsmouth. VOS is one of many voluntary organisations that support veterans, families and reservists in several aspects of social, psychological wellbeing and welfare. The evaluation will make recommendations for the service.
Royal Marines Association (RMA) Welfare

The problems faced by Royal Marine veterans are often different to those faced by other veterans. This is partly because the recruitment process is highly selective - there is a far higher proportion of full or part time employment or study prior to intake (84% in the Royal Marines compared with 18% in the Army) – and because the royal Marines and Royal Navy has a system of home port which gives them the opportunity to buy houses and embed themselves in the community. They therefore tend to face fewer problems than other veterans and the Royal Marines Association is able to support them more substantially when they do have problems.

However, some issues that have been identified as affecting this group include:

- **Late onset PTSD** – The ‘Trauma Risk Management’ (TRiM) model has been used by the Royal Marines Command since 1998 as a method of trauma prevention, however some of the older veterans who left Service before this may not have had the support they needed and are now experiencing PTSD.
- **Early Service leavers** – Veterans who have left the Service before the end of their Service period often have more difficulties as they will not get the full pension.
- **Isolation** – Social isolation is a major issue among veterans, especially if mobility is poor and they are unable to get out and about.
- **Generalised anxiety disorder** – due to a combination of the veterans experiences while in Service and any hardships that occur afterwards (for example, financial, employment and housing concerns), anxiety is common.

NHS England, South Central Armed Forces Network

*Issues identified around the transition of healthcare from the MOD to the NHS:*

- **Veterans are not used to taking personal responsibility** for their healthcare and also don’t know where to find it. They are also not used to waiting for things or paying for things. This misunderstanding of the NHS causes disillusion.
- **There is some ignorance of GPs about the issues** that affect families of Serving personnel, and because the Serving family member is looked after by MOD healthcare there is no sharing of information.

*Recommendations:*

- Although Service leavers are given advice about joining GPs when leaving the Service, they could be given more comprehensive information and advice about the nature of the NHS and the need to take an active approach to their own health care.
- Try to re-frame the recording of veteran status in a more positive light by highlighting the advantages of disclosure.
- More work needs to be done on promoting and creating an understanding of what the Covenant actually means. Although most Local Authorities have signed up to it on paper, the extent to which its principles are put into action is limited.
Qualitative studies of the health and healthcare needs of veterans

Shore Leave Hasler & HealthWatch Hampshire study

Shore Leave Hasler have recently conducted a survey for HealthWatch Hampshire exploring the barriers that veterans encounter when accessing healthcare. 19, 102 survey responses from veterans with Portsmouth postcodes were received, either through face to face interviews or online survey.

Some potentially important features of the demographics of those completing the survey were that they were predominately from the Royal Navy or Royal Marines (84%), the majority were aged 45-64 with no responses in the 18-34 age bracket, one third were female despite the Armed Forces Serving personnel being only 9% female, and there was only one non-white respondent.

The main findings were:

- The majority of veterans registered with a GP within less than a month of leaving the Services (68%). Of those that delayed, most reported doing so because they had no need to see a GP but 20% said they were unsure how to find a GP.
- When registering with a GP, 37% identified themselves as a veteran, 36% were unsure if they had or not, and 26% did not. Of those that did not, the main reasons for not identifying themselves as veterans were that they did not think it mattered and were not asked.
- Opinions about the service received from their GP was generally positive with 61% rating it as Excellent or good, however there were some comments about the difficulty and length of time of getting appointments. Suggestions for improvement included the GP getting the veteran’s medical notes from the DMS and the GPs understanding of a veteran’s health issues.
- Nearly half of the respondents had been referred to secondary care and the majority of these rated their secondary care as excellent or good (69%).
- When asked what could be done differently three main themes in responses emerged:
  - Better information and support before leaving the services, for example about the available civilian services.
  - That veterans have dedicated facilities and fast track care
  - That healthcare professional have better knowledge of veterans

The results of survey lead to three broad areas for further consideration by CCGs:

- Ensuring that people registering for the first time at GPs are asked if they are a Service leaver or veteran so that it can be coded.
- Ensuring an effective process for the transfer of medical history when leaving the Armed Forces.
Ensuring that GPs are aware of health issues of veterans and local services for veterans.

That veterans are receive the priority treatment they are entitled to under the Armed Forces Covenant.

**Veteran Focus Group - Mike Jackson House, Aldershot**

A focus group was held with veterans in Hampshire to explore the health issues they face and their experiences with both primary and secondary care, on leaving the Armed Forces. The focus group was 1-2 hours in length and was digitally recorded as well as in written note form. Five main topics were used to guide discussion. Themes in the discussion were identified and these are outlined in the results section.

### Focus group topic areas

1. What are the issues and concerns regarding the health of veterans?
2. How are these concerns currently addressed by veterans?
3. How do veterans access health services?
4. What difficulties do veterans face in accessing services?
5. What could be done to improve the health of veterans?

### Participants:

There were four participants, three males and one female. All were in the Army for between 3 and 22 years of Service. Two were medically discharged, one took redundancy and one reached retirement.

### Results:

1. **What are the issues and concerns regarding the health of veterans?**

   **Physical health**

   Participants mainly discussed lower limb injuries (such as in the knees, legs and lower back) and musculoskeletal conditions. A prominent sub-theme that emerged whilst exploring this topic is that many respondents felt that the ten minute consultations with the GP was not enough to discuss complex health issues.
Mental health

The general consensus was that mental health problems are seriously under-recognised in both the military and in veterans, and respondents felt that approx. They believed that 95% of veterans suffer from mental health problems. However, the problem lies in the fact that they are not willing to talk about it or they just do not know they are suffering. In addition, it was mentioned that older veterans tended to suffer from survivor’s guilt and would not always be aware if they were suffering from post-traumatic stress disorder (PTSD).

They also attributed mental health problems to the large amount of alcohol consumption in the Armed Forces. In the military it is a cultural thing that is used as a reward, then a tolerance and dependency builds up. Drug addiction big also a problem in veterans, but it was highlighted that it is not easy to get rehab and this should be more easily available.

Social wellbeing and welfare

Overall, respect was a large sub-theme within this discussion; the veterans did not feel that they received enough respect in society. A widespread feeling was that once they left the army, they felt like they had been forgotten. In addition, it was raised that most soldiers were not aware of what they were entitled to in terms of benefits and pension etc. It was felt that there could be more education for them around this.

One veteran raised the issue of trouble with the police – he had never been in trouble with the police growing up but since leaving army has been arrested a couple of times and feels that his time in Service is responsible for this in some way.

Homelessness a very big issue, especially bad as veterans often single males who are bottom of priority for housing help. The veterans felt that the Local Authority have not been helpful in any way and that there is not enough social housing available.

2. How are these concerns currently addressed by veterans?

Respondents noted that it was very unlikely that veterans would address these concerns as they generally expect to have these health issues as a consequence of their time in the military. Furthermore, when serving in the Army they veterans learn how to take care of themselves and therefore, do not tend to go to the doctor for what they feel are small ailments. There is also a culture of not wanting to admit that they have health problems. The point was raised that the majority of service personnel would seek medical help only when their health has seriously deteriorated.
3. How do veterans access health services?

Registering with a GP

Although the majority of veterans were registered with a GP, this process was lengthened and hindered by the fact that in order to register, proof of living situation and identification is often required – something that is not always available. One veteran was turned away from the first practice he tried to register at being told that there was no capacity.

Identifying themselves as veterans

Generally, the consensus was that the respondents would not identify themselves as a veteran because they do not think to do so. However, they would like to be asked if they are ex-service members when registering with the GP and if this was the case, they would declare it e.g. a tick box on the registration form. They would also be more inclined to declare themselves as veterans if it meant they would receive priority treatment. It was however noted that some people who’ve served in the military may not see themselves as veterans – this is often dependent on time spent in service e.g. voluntary release from the army.

Contact with mental health services

The majority of respondents highlighted that they found it hard to open up with regards to their feelings. One individual noted that they had to wait six months before they were seen after asking for mental health counselling – they had to be in a medical crisis before being seen.

Moreover, they would prefer to be seen by doctors who know about experiences in the army or take part only in support groups specifically tailored for service personnel and like-minded individuals as it is very hard to open up, especially around people who do not understand their experiences. All the individuals felt that it was beneficial for all veterans to be referred to mental health services as soon as they left service.

Use of charities or third sector organisations

One veteran reported receiving help and support from SSAFA but the other veterans were generally very negative about veteran’s charities, stating that they have very little trust in them after not getting help when they asked for it. There was a perception that many of the big charities are corporate organisations.
4. What difficulties do veterans face in accessing services?

Registering with GPs

The most common difficulties that occurred when registering with GPs were that without proof of living situation and identification, veterans were unable to register, and respondents found that some GP practices were too full and were unable to take on new patients. Respondents all identified the difficulty in getting an appointment with a doctor they wanted to see. In addition, the majority of veterans mentioned that they did not like crowds and therefore spending large amounts of time in waiting rooms was uncomfortable.

Other problems with transition

Transition was considered particularly difficult for those individuals who were medically discharged as they felt as if there was no transition support from the armed forces to civilian life. There was also a general consensus that veterans were not appropriately trained or qualified for jobs prior to discharge from the army, even though they were helped to set up interviews.

Accessing secondary care

Long waiting times after a referral were highlighted as a particular issue. Additionally, travelling to appointments was difficult especially if the individual did not have access to a car or someone who could drive them. The majority of respondents also mentioned that they had no experience of priority treatment with referrals to secondary care. All respondents knew that they were entitled priority treatment for injuries sustained during service, however, they all also felt that they had not received this. This was something that was particularly hard to adjust to since all veterans benefit from easily accessible medical treatment whilst serving in the Army.

Medical records

Several veterans had struggled to get hold of medical records after being discharged from the army; in particular, it took one individual six months just to link up with the NHS.

5. What could be done to improve the health of veterans?

There were two main points that veterans felt would be most useful to them during the transition from serving in the army to civilian life:

- To be registered with a GP as soon as the veterans leave the army – with longer consultations for ex-service personnel especially in light of complex health issues.
- Education – information for veterans on how to access various services, as well as information for the community and GPs regarding common military issues; this is especially important in army towns.

Veterans also suggested tailor-made support for ex-service personnel such as support groups just for veterans, and free drug and alcohol rehabilitation services for any veterans suffering from addiction. Additionally, they felt that help from local authority regarding social housing for veterans in army towns would be beneficial.

### 2.3 Transition and General Practice

The transition from being a Serving member of the Armed forces to becoming a civilian has been identified as a particularly important stage in the life of veterans. As well as having a significant impact on the health and wellbeing of the individual, it is during this time that the responsibility for health care is transferred from the MOD to the NHS. From the NHS point of view, the role of the general practice is crucial in facilitating this transfer of care and identifying health problems in veterans that require support and treatment. However, there have been suggestions that this process does not always work as well as it should, with Service leavers failing to register with GPs and GPs failing to identify the service history of veterans. Similarly, there are clear advantages to GPs being aware of the Service life and military connection of reservists and military families as these impact on their health and healthcare needs but little is known about whether general practices ask these groups to identify themselves or not.

In addition to improving the care of veterans, reservists and military families, the identification and recording of specific military connections by general practice would have the benefit of providing a source of data about numbers, locations, demographics and health needs of these populations which could inform service planning and commissioning.

**Survey of General Practices in Hampshire about the identification and care of veterans, reservist and military families**

To gain an understanding of the current processes and practices around veterans, reservists and military families in primary care a survey of GP practices in Hampshire was conducted. An online survey was distributed to all GP practices in Hampshire via their CCG newsletters or distribution lists. (See appendix ... for a copy of the survey)

Responses were received from 32 practices (this was a relatively small response representing around 20% of those invited to participate). The number from practices in each CCG who responded are as follows:
- North East Hampshire and Farnham 12
- South East Hampshire 2
- Fareham and Gosport 3
- North Hampshire 12
- West Hampshire 3

**Do Practices have a policy on asking every new patient about military background of themselves or their family?**
- 11 practices stated that they did ask every new patient whether they had a military background and 19 did not.
- Only 2 practices ask a new patient whether anyone in their family is serving in the armed forces, and 27 practices said they do not.

**Do practices know how many veterans, reservists and military families are registered with them?**
13 out of the 32 practices knew how many veterans they had registered with them, and ten of these could give figures (these totalled 409 veterans, ranging from 1 to 175 veterans in each practice).

Only three practices knew how many reservists they had (one practice reported one reservist and two practices reported having none), and only one practice reported knowing how many military families they had registered (stating they had none).

**Do practices use READ codes for veterans, reservists and military families**
A couple of the READ codes for veterans are used by around half the practices (“Military veteran XaX3N / V2:13Ji” and “Served in the armed forces 13q3”).

Only one or two practices use READ codes for reservists or military families but this may not be surprising given that these codes were only introduced this year.

<table>
<thead>
<tr>
<th>READ Code</th>
<th>Used</th>
<th>Not used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military veteran XaX3N / V2 : 13Ji</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>History relating to military service Xa8Da</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Served in the armed forces 13q3</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Left military service 13JR</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Armed forces reservist Xabnw / V2: 0Z7</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Any for military family status</td>
<td>1</td>
<td>22</td>
</tr>
</tbody>
</table>
Policy and procedures for the care of veterans in the General Practice:

- Nine practices have procedures or guidance in place to facilitate the transition of service leavers from the Defence Medical Services into NHS primary care and 16 practices did not.
- 11 practices routinely ask patients identified as veterans for their FMed133 form which allows the GPs to request a copy of their medical records from their time in service and 15 practices do not.
- Only nine practices reported ever receiving from the patient the Department of Health letter relating to priority treatment which is given to service leaver to pass on to their civilian GP, and (16 reported never receiving this)
- The majority of practices (16 out of 25) were aware that there are special MoD services available for referral and assessment of veterans and reservists who you believe may have health problems related to their service, for example the Veterans and Reserves Mental Health Programme (VRMHP).
- The majority of practices (21 out of 25) were also aware of the UK government Armed Forces Covenant which recognises that the health of military personnel and veterans is a high priority, and were aware that veterans are able to receive priority treatment where it relates to a condition which results from their service in the Armed Forces subject to clinical need (22 out of 25 practices).
- Very few practices reported doing the free to access Royal College of General Practitioners (RCGP) online learning about veterans health in general practice (only one out of 25), or using the RCGP or DH leaflet on veterans designed to highlight potential health issues of veterans, and provide information on specialist referral pathways (one out of 23). However, it may be that the GPs have completed this training and used these resources but the practice manager who completed the survey is not aware of this.

Summary of the survey of general practices in Hampshire:

Only a minority of practices surveyed routinely asked patients about their veteran status when they register, and no more than a half use the READ codes to record this in the patient’s notes. Far fewer practices either routinely ask or use READ codes for military families or reservists. Although practices are, on the whole, aware of the veteran entitlement to priority treatment under the Covenant, there was a lower level of reporting of the use of processes and procedures around getting patient’s notes and use of specific resources for veteran health care.
National change to the process of obtaining medical notes by GP Practices

Until very recently the GP would only obtain a copy of the veterans medical notes form the MOD if the veteran identified themselves as an ex-serving personal, gave the GP a standard letter which outlines the READ codes that can be used to record their veteran status on their computer system, and instructions on how to send off for their medical summary, and the GP sent this letter off. In the summer of 2015 this process has been changed so that upon leaving the Services, the veterans medical records from their time in the military are sent to a central office. When the veteran registers with a GP the notes are automatically sent to the practice as they are now linked to the NHS number. This will have two main benefits, firstly it will ensure the GP obtains the medical history of the veteran, and secondly it will potentially alert the GP to the individual’s veteran status. However, it remains to be seen how well this process works in practice.

Summary of the health and healthcare needs of veterans in Hampshire

The key points about the health and healthcare needs of veterans in Hampshire include:

- The population of veterans in Hampshire is mostly elderly and likely to be experiencing the same health problems that the general elderly population experience, including isolation, difficulties with mobility and self-care.
- The most common mental health problems are anxiety and depression, however there are clearly some veterans with more complex problems who will need more specialised and bespoke treatment. These might be for complex PTSD or dual diagnoses of alcohol and mental health problems.
- Musculoskeletal problems are a common health issue which veterans seem to ‘take for granted’ after their service and may not always seek help for. Veterans are also more likely than the general population to have sensory problems such as hearing difficulties.
- The exact number of veterans with alcohol or drug problems in Hampshire is hard to quantify but there are a substantial number in contact with the local drug and alcohol services and this is likely to reflect only a small proportion of the overall issue. There is some suggestion that there is greater demand for these services from veterans who may need some help and support accessing them.
- The support before, during and after transition for personnel who are medically discharged may be an area that is lacking in some cases which can have detrimental effects to subsequent health and accessing of necessary healthcare.
- Only a small proportion of general practices routinely ask patients about their veteran status when they register with a GP, or use the READ codes to record this, and even fewer asked about reservist or military family status. As well as missing an opportunity to gather data about the number of veterans in each practice and across the county, the lack of knowledge about a patient’s veteran status may make it more difficult for the GPs to address their health needs.
- Although GPs seem to be aware of the Armed Forces Covenant and veteran’s entitlement to priority services for issues related to service, the experience of veterans suggests that this is not necessarily reflected in the care they receive. This could be due to health professionals failing to put this entitlement into practice, or unrealistic expectations of the veterans.

2.4 Health and Healthcare needs of the ex-Gurkha population

The veteran Gurkha population will experience many of the same Service-related issues that other veterans do, such as hearing problems and musculoskeletal problems. However, they are also vulnerable to a range of other issues that are specific to them as part of the Nepali community.

Rushmoor has the highest number and concentration of Nepalese in Hampshire. It was initially anticipated that there would be an increase in the number coming to the UK after 2009 (when it was ruled that Gurkhas serving before 1997 were allowed to
settle in the UK) but that this would subsequently decrease, however this decrease has not been seen and there are 50 – 60 new Nepali arrivals a month in the district. Geographically, the Nepali community tends to cluster in the more deprived areas of Rushmoor.

The majority of investigation into health needs of the Nepali community does not distinguish ex-Gurkhas or the families of Serving Gurkhas, from other non-Gurkha related Nepali living in the area. Therefore the health and social issues discussed in this section will more often than not refer to the Nepali community as a whole.

**Health issues of the ex-Gurkha and wider Nepali community**

**Diabetes**

Although the exact numbers of Nepali with diabetes in Hampshire is not known, it is likely to be at least 5% and probably considerably higher given the age of the Nepali community and the potentially higher risk of diabetes generally in this ethnic group.

There has been a recent project to train four volunteer educators in DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) in the Nepali community was set up two years ago with a grant from the Gurkha Integration Fund. Responsibility for this has now been passed to the CCG.

**Tuberculosis**

Tuberculosis (TB) is a bacterial infection that most often affects the lungs and is caught by inhaling tiny droplets from coughs or sneezes of infected people. The symptoms include cough, fever, night sweats, loss of appetite and weight. It is a serious condition but can be treated with a long course of antibiotics. If it is not treated it can remain quietly in the body for a long time (latent TB) and then become active again at a future time (re-activated TB).

Rates of TB are higher in the Nepali community than in other groups in Hampshire, and most of these are in the Rushmoor area. Table 9 Shows that cases of TB in the Nepalese account for between 40% and 70% of all cases seen at Frimley Park hospital. The majority of these cases are reactivations of latent TB and some of the risk factors for reactivation are particularly prominent in the Nepali community, for example, vitamin D deficiency, diabetes, poor social housing, recent travel. The majority of cases are in people of the 15-44 year age range. Over the last couple of years there have been slightly more cases in females than males (10 females compared to 8 males in 2014, and 12 females compared to 7 males so far in 2015) although numbers are small in both so it is difficult to say if females are definitely at higher risk.

TB services are organised by Frimley Park hospital where there is a weekly clinic with a volunteer interpreter. Compliance with treatment is generally good and
Fortunately multi-drug resistant TB is not a problem. However, stigma of TB is an issue and various projects to encourage testing and treatment have been adopted, such as producing a video about TB in Nepalese and having outreach work in the community to raise awareness.

Other infectious diseases such as HIV and hepatitis C are not a significant issue in the Nepali community.

Table 9: The number of cases of TB seen by Frimley Park TB services, and the proportion of these that are from the Nepali community.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of cases</th>
<th>Number of cases in Nepalese (% of total cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>20 cases</td>
<td>8 (40%)</td>
</tr>
<tr>
<td>2009</td>
<td>33 cases</td>
<td>14 (42%)</td>
</tr>
<tr>
<td>2010</td>
<td>37 cases</td>
<td>19 (51%)</td>
</tr>
<tr>
<td>2011</td>
<td>43 cases</td>
<td>24 (55%)</td>
</tr>
<tr>
<td>2012</td>
<td>48 cases</td>
<td>30 (62%)</td>
</tr>
<tr>
<td>2013</td>
<td>26 cases</td>
<td>19 (73%)</td>
</tr>
<tr>
<td>2014</td>
<td>30 cases</td>
<td>18 (60%)</td>
</tr>
<tr>
<td>2015 (to Aug)</td>
<td>19 cases</td>
<td>14 (73%)</td>
</tr>
</tbody>
</table>

**Drugs, alcohol, gambling and domestic violence**

Although there is little formal evidence that the Nepali community experience high problems with domestic violence, alcohol and gambling, there is evidence that they are less likely to access services that offer help with these problems. In part this may be due to culture, especially for domestic violence. There are ‘unofficial’ reports that domestic violence is occurring within Nepali families but they will often not report it. Where help is sought it is usually from community elders which may not necessarily be the safest option for the option for the victim. In response to this there have been capacity building projects carried out by outreach workers which have been so successful they have now been mainstreamed.

Similarly, help for drug, alcohol and gambling problems is not often sought and this has been addressed with a post held by a Nepali within Rushmoor Borough Council that includes awareness and engagement with services. The Police have also included Nepali community members as Police Community Support Officers (PCSOs) and neighbourhood watch members and these have been successful in increasing reporting of issues and crimes.
It is likely that these roles have been so successful because they provide an intermediary who understands the culture and can raise awareness and signpost in their own language.
Stakeholder interview: Nepali Domestic and Sexual Abuse Adviser, Citizens Advice Rushmoor

Domestic abuse is relatively prevalent in the Nepali community. It is a very under reported and hidden social issue for various reasons:

- It is not the cultural norm in Nepal to report domestic violence.
- There are many barriers to reporting like language, cultural and literacy. These are likely to be more prominent in more elderly members of the community.
- Honour of the family is very important and domestic violence could be seen to challenge this.
- Men run the household. Women depend on men for a lot of things simply because women are deprived of equal opportunities (although this is slowly changing) and being a good wife, good daughter in law and having children is often considered the ultimate goal for women.
- There is age hierarchy in the community. Obeying elders is seen as respecting them and very often, the youths do not go against the elders. This affects life decisions like careers and marriage choices.
- It is not as easy for a woman to get married again after a relationship breakdown. Single mothers are looked down on.
- There is stigma attached to sex before marriage, mental health issues and LGBT community.

Potentially vulnerable groups:

- Wives of serving Army personnel are potentially more vulnerable to domestic violence, especially the ones who have never left their home country before and have immediately moved into army barracks after coming to the UK. The level of awareness about help available beyond Army Welfare service is low unless the woman is proactive herself in researching or interacting with sources of information outside Army.
- The Lesbian Gay and Bisexual (LGBT) community is also one of the main vulnerable groups due to the stigma and cultural lack of acceptance to these individuals.

Work currently being done to raise awareness:

- Holding workshops, pictorial presentations and articles printed on Nepali newspaper
- Bilingual pictorial books with information
- Radio shows dedicated to this issue at the local Nepali Radio station
- Video project about domestic violence

Recommendations:

- Design and hold a course for serving Gurkhas that highlights the difference in culture regarding domestic violence and to make them aware about what is not acceptable in the UK.
- Raising awareness about the various help available apart from Army welfare service, among the personnel as well as their wives could also be another way of empowering the victims to report and seek help.
Wider Determinants of Health

Fire
Although a substantial amount of work has been done by the Fire department in Rushmoor to address this, house fires are still an issue because of a lack of understanding of the emergency services, and potential communication barriers faced by the fire department during a fire emergency. As well as a number of local adaptations such as translated cards to communicate with the Nepali during a fire and the recruitment of a trained fire fighter who is Nepali, other voluntary organisations such as Naya Yuva (New Youth) go into homes of the Nepali to do safety awareness with the residents.

Houses of Multiple Occupancy
Some Nepali choose to live in houses of multiple occupancy (HMOs) for financial reasons or because they wish to live with family members. There are a number of health implications of HMOs including cramped and potentially poor living conditions, difficulties with claiming housing benefits if living with family, and impacts on GP list sizes because a small number of houses could generate a large number of patients. Although several HMOs are known about, there are likely to be many others that are not.

Difficulties accessing healthcare and health information

Communication
Communication is one of the biggest issues faced by the Nepali community as a whole. This is especially problematic in elderly women and single males who have few support networks. Frimley Park Hospital has developed a very successful system of interpreters using their own staff but this has not been able to be replicated in primary care where they rely on occasional volunteers.

Four general practices have Nepali speaking receptionists who can help with appointment booking but not with communication during the consultation. Most non-English speakers therefore rely on family members or friends to interpret which can cause issues if the health problem is a sensitive one, for example female gynaecological problems.

The Greater Rushmoor Nepali Community (GRNC) organises an introduction event for new arrivals from Nepal twice a year, providing advice on etiquette, health, mental health, drugs and alcohol, emergency services, road safety, housing benefits, ESOL provisions. The voluntary sector has also responded to the issue of communication by producing medical disease information in Nepalese, having health champions within the community, and having community ambassadors providing mental health first aid and community messaging. There are also basic level English language classes provided for the community and these often include health
messages incorporated into them. However, the voluntary groups often lack proper infrastructure for support and quality assurance.

**Literacy**
Low levels of literacy are a problem in some groups, particularly older women, and word of mouth is the most relied on method of information sharing. To address this, various short videos have been created by partnerships between Frimley Park and the Citizens Advice Bureau (CAB) covering information about accessing the right services at the hospital, sexual health, 999, domestic violence, TB. These have received positive feedback from the community.

**Services failing to engage with community**
There are problems with services failing to engage adequately with the Nepali community and because of this the Nepali are often late to present with health and welfare issues. Although there has been some work around informing the Nepali community about the services available to them (for example, by adult social services) this could certainly be expanded. Some services have however been very successful at doing this, for example the police and Frimley Park hospital.

**Vulnerable groups**
There are some groups of the Nepali community who have particular vulnerabilities:

- Older males who do not have family are vulnerable to social isolation.
- Widows and younger wives may have difficulties accessing services due to their poor English

**Stakeholder Interviews**
Rushmoor Borough Council work closely with the ex-Gurkha and wider Nepali community though their Community Development lead and team Cohesion and Integration lead. Their recommendations for improving the health of the Nepali community are outlined below.
<table>
<thead>
<tr>
<th>Rushmoor Borough Council: Community Development &amp; Cohesion and Integration teams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issues identified:</strong></td>
</tr>
<tr>
<td>• Communication</td>
</tr>
<tr>
<td>• Fire</td>
</tr>
<tr>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Drugs, alcohol, gambling and domestic violence</td>
</tr>
<tr>
<td>• Houses of multiple occupancy</td>
</tr>
<tr>
<td><strong>Recommendations:</strong></td>
</tr>
<tr>
<td>• <strong>To promote the responsibility</strong> that primary care services such as GP practices have to understand the populations they serve, including recognising the diversity of the population and their needs.</td>
</tr>
<tr>
<td>• <strong>Greater focus on the inequalities agenda</strong> to facilitate engagement of the services with those who have difficulty accessing them. Services should be encouraged to reach into the Nepali community, understand their needs and provide services accordingly.</td>
</tr>
<tr>
<td>• <strong>Engagement of health services in developing solutions</strong> to the issue of the language barrier faced by the Gurkha and Nepali community. This could be via coordination of volunteer interpreters or through a volunteer buddy scheme.</td>
</tr>
<tr>
<td>• <strong>Encourage Nepali representation</strong> on PPGs, CCGs and ensure that equality is embedded into strategic health decisions and planning.</td>
</tr>
<tr>
<td>• <strong>Better data sharing</strong> with GPs, Frimley Park and Rushmoor Borough Council about the number of people living in houses</td>
</tr>
<tr>
<td>• As there are a huge number of <strong>voluntary organisations</strong> active in the area, these could be better used as intermediaries to help give health and welfare messages to the community.</td>
</tr>
<tr>
<td>• <strong>Maintain the awareness and engagement roles</strong> held by Nepalis within Rushmoor Borough Council and the police services.</td>
</tr>
</tbody>
</table>
Qualitative studies into the health and healthcare needs of ex-serving Gurkhas

Healthwatch Reading: How the ex-Gurkha community access and experience health and social care services in Reading

In 2014 Reading Borough Council commissioned an engagement project undertaken by HealthWatch Reading with the ex-Gurkha community in Reading, finding out about how they access and experience health and social care services. More than 100 ex-Gurkhas, their wives and Nepalese community leaders gave feedback via focus groups, surveys and interviews.

The key findings were:

- Difficulties accessing health and social care services, mainly due to not speaking or reading English and not routinely being offered independent interpreters.
  - 85% reported difficulties explaining symptoms
  - 81% were not routinely offered an independent registered interpreter at GP and hospital appointments
  - 89% would like to be offered an interpreter for appointments

- A reliance on friends, family and other often unsuitable interpreters (such as landlords) during consultations.

- A lack of translated written material which caused them to miss appointments or fail to complete courses of medication.

The key recommendations were:

- To review how to sustainably provide interpreters for the ex-Gurkha community.
- Review the provision of translated written information (appointment letters, advice about making complaints etc.).
- To consider outreach work on ophthalmology, audiology and dental services.
- Continue funding English classes for wives of ex-Gurkhas.
- Raise awareness of available social care services among the community.

Focus Group with the ex-Gurkha and wider Nepali community in Rushmoor

A large focus group was held at Farnborough Community Centre, kindly organised by the Greater Rushmoor Nepali Community. The focus group lasted 2 hours and discussion covered four topic areas. It was attended by 70 people, 24 males and 42 females from the Nepali community. The majority of males were ex-Gurkhas.
Focus group topics

1. What are the issues and concerns regarding the health of ex-serving Gurkhas?

2. How are these concerns currently addressed?

3. What difficulties are there in accessing services?

4. What could be done to improve the health of ex-serving Gurkhas and their families?

Results

What are the issues and concerns regarding the health of ex-serving Gurkhas?

Physical health

The majority of participants discussed difficulties with self-care and mobility in older age. This raised the need for carers for help around the home, with about 20% of individuals wishing for additional support. In addition, Gurkha veterans mentioned suffering from asthma and respiratory conditions believed to be from their time in the Armed Forces.

Mental health

Veterans and veteran families reported high levels of stress and worry associated with lack of support and being away from their families who continue to live in Nepal. In the elderly Nepali there was a lot of worry about being able to look after themselves or their spouses due to frailty of old age. Furthermore, there was a general consensus that there is a lack of respect towards the Gurkha community.

The health of families of serving or ex-serving Gurkhas

An issue that was raised multiple times during the discussion was the hardship for the wives of serving Gurkhas after their husbands had passed away – they struggle to look after themselves and feel they need more support.

How these concerns are currently addressed?

Due to the language barrier, the majority of respondents noted that friends and family were the first port of call for advice regarding health problems.

What difficulties are there in accessing services?
The majority of participants were registered with the GP and there was no reported difficulty with this aspect of accessing the health service. The most common difficulties that occurred when trying to get appointments with the GP were the language barrier and delays in waiting times. However, some surgeries did offer an interpreter when booking the appointment.

Respondents reported that it was very unlikely that they would identify themselves as veterans, primarily due to the language barrier. However, if there was an option to do so with the availability of an interpreter, they would declare themselves to be veterans.

The biggest difficulty reported by nearly all the participants was communication during the consultation. As there are no interpreters provided they must rely on friends or family to attend with them but this is not always possible or appropriate. Even if they have a friend or relative interpreting for them, the medical language is often too difficult to understand and translate. This inability to communicate with the doctor makes it nearly impossible to explain symptoms and get a proper diagnosis.

Gurkha veterans reported that sometimes medical records were not necessarily accurate with regards to dates and therefore some leniency is required when referring to them.

Transport was also big concern for many participants, especially the older ones who rely on their bus passes for travel. The passes are not valid before 9.30am but their appointments are frequently before this time so they have to pay for the journey. They felt that there should be exceptions to the restrictions on travel if it is for a doctor or hospital appointment.

With regards to secondary care, the majority felt that communication was not a problem because Frimley Park hospital has translators, but they felt that waiting times for appointments with specialists following referral were too long. In some cases this had led to them having to travel to Nepal to see a doctor more quickly.

What could be done to improve the health of ex-serving Gurkhas and their families?
There were two key things that Gurkha veterans felt would most improve their health and the health of the Nepali community:

- The availability of an interpreter at GP practices when both booking an appointment as well as during the actual consultation.
- Bus passes that are valid before 9am – or exceptions if they were able to show the bus driver their hospital/GP appointment letter.

Other than access to interpreters, participants felt the need for timely referrals to specialists as the wait was sometimes too long and meant their medical condition worsened during the time. Furthermore, they felt that classes and written information
on disease management in Nepalese would be beneficial, for example for diabetes support and the do’s and don’ts to living healthier lives.

**Summary of health and healthcare needs of ex-Gurkhas**

Many of the health and healthcare needs of the ex-Gurkha population will be similar to those of the general veteran population, however there will be some issues that are specific to them as members of the Nepali community and their living circumstances here in the UK, and many of these will also affect their families.

These include higher rates of some diseases and medical conditions such as TB and diabetes. It also includes health issues relating to living in houses of multiple occupancy and fire risks. Although it is unknown if the Nepali community experience higher than expected problems with drugs, alcohol and domestic violence, they are less likely to report or seek help for these issues.

The ex-Gurkha and wider Nepali community also have some specific issues around accessing healthcare and other services which is mostly attributable to difficulties with language and a lack of interpreters in primary care.

Some groups who have been identified as particularly vulnerable are widows and younger wives who may have difficulties accessing services due to their poor English, and older males who do not have family are vulnerable to social isolation. There is also considerable concern in the more elderly veterans about being able to care for themselves and their wives.
3. RESERVISTS

3.1 Description and demographics of the reservist population

The National reservist population
Data about the strength (or number of personnel) of the reserve forces is published regularly by the Ministry of Defence Statistics. In April 2015 there were a total 31,260 reservists and the majority of these were in the Army reserves:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>31,260</td>
</tr>
<tr>
<td>Army</td>
<td>25,880</td>
</tr>
<tr>
<td>Navy</td>
<td>3,160</td>
</tr>
<tr>
<td>RAF</td>
<td>690</td>
</tr>
</tbody>
</table>

The reserves comprised 86.3% male and 13.7% female personnel. The percentage of Black, Asian minority Ethnic personnel was 4.9%.

Reservists tend to be older and have higher educational attainment than Regular personnel because they take on a variety of roles, many of which require specialist skills (e.g. medical roles).

The Hampshire reservist population
Data on the number and location of reservists in Hampshire is scarce as no data are routinely collected at a local level. As it is rarely their full time occupation it is unlikely to be included on the national census, and GP practices do not routinely record their status in medical notes. Similarly, the information held by the MOD about their location has mostly been limited as they have traditionally been reported by the address of the unit at which they are registered rather than by their permanent home address.

Data from recorded permanent address:
When a reservist is registered they have either their unit address or their home address (or both) entered onto their records. There are currently 2,200 reserves with a home address in the County of Hampshire (Hampshire has the highest number of reservists of all the UK counties, the West Midlands is second with 1779 reservists).

Review of the postcodes of the permanent addresses identifies that there are a total of 1256 reservists with a postcode in the Hampshire local authority area.

These figures are likely to be an underestimate of the true numbers of reservists living in Hampshire as there will be some individuals where no postcode has been recorded. No further data about the demographics or type of military Service is available.
3.2 The health and healthcare needs of Reservists

The health needs of reserves are particularly difficult to outline as there is huge variation in the nature of their work with the Armed Forces. There is also a broad spectrum of their entitlement to MOD medical services with a small proportion falling into the category that have all their care provided by the Defence Medical Services and the majority receiving NHS care predominantly, with MOD care only when they are mobilised.

National data about the health and healthcare needs of reservists

Although the health needs of reservists are likely to very similar to the general population in which they live a civilian life, and could in fact be argued to be better than average as they have regular occupational health reviews with the MOD, deployment has been linked to some poor health outcomes.

Reservists report higher rates of PTSD after deployment compared to those not deployed (This was 6% compared to 3% after deployment to Iraq). There are some important differences in the context in which reservists are deployed compared to their Regular counterparts and these can affect their experience during deployment and the impact that this deployment has on their physical and mental health upon return. These differences include:

- Family, friends and colleagues of reservists not understanding what they have been through when deployed.
- Reservists are at increased risk of relationship difficulties when they return from deployment.
- Reservists will often deploy as individuals within units of Regular personnel and may therefore not know their comrades, and when asked they more likely to experience feelings of isolation and lack of unit cohesion.
- Reservists are more likely than Regular personnel to report having traumatic experiences during deployment, maybe because of their roles or due to their perception of risk.
- Reservists may experience more stress because the rapid mobilisation time does not leave them much time to process adverse fears and put their affairs in order.

It seems therefore that reservists are particularly vulnerable to poor mental health following deployment. The MOD provides enhanced mental health services for reservists in the same way that they do for Regular personnel, however accessing these services requires identification of a problem either by the reservist or a health professional and this might not always occur. This highlights the importance of the GP being aware that their patient is undertaking a reservist.
Recent research has found that physical health is also affected by deployment – a large study by the King’s Centre for Military Health Research found that deployment in reservists was associated with risky driving, smoking and physical violence. These risky behaviours will increase the risk of serious injury and also the risk of long term conditions such as cancer and cardiovascular disease. It is therefore essential that they receive support for these behaviours.

Although it seems that the work that reservists do with the military, particularly deployments, have a negative impact on both their physical and mental health, the lack of data and information about the demographics or the health of the reservist population locally is a major limitation to understanding how they can best be supported.

**Summary of health and healthcare needs in Reservists in Hampshire:**
At present there is very little information about the health and healthcare needs of reservists in Hampshire specifically but it is likely that they will have similar health issues to the reservist population nationally. Generally they will have very good health due to the health and fitness requirements made on them by the MOD, however deployments can result in mental health problems, relationship difficulties and risky behaviours such as smoking and violence.
4. MILITARY FAMILIES

4.1 Description and demographics of the military family population

The National Military Families Population
There has been very little attempt to identify the number or location of military families in the country. The MOD does not collect information about the families of Serving personnel, and may not even know the address of the family if it is different from that of the Serving family member. Similarly, GP practices have not routinely asked or recorded military family background in general practice (this is discussed in section 3).

The House of Commons Defence Committee\textsuperscript{13} estimated that there were between 90,000 and 186,000 Service children in state schools in 2004. The most recently published data on the marital status of members of the UK Armed Forces was in 2007 (the MOD have not published this data since then). At this time, 64.2\% of Regular Army officers were married and 32.5\% of female officers, and 43.2\% of males in other Regular ranks and 28.9\% of females in other Regular ranks.\textsuperscript{14} A survey conducted by the RAF Families Federations in 2011 found that 70\% of Regular personnel were married and 56\% of Reservists were married.

The Hampshire Military Families Population
Although there is no data available that provides a perfect picture of the military families in Hampshire, there are a number of sources of data that can be used to estimate the rough size of this population locally.

Data from number of school children from military families
The UK government offers extra payment to schools for Service children. This service pupil premium is extra funding for schools to support children and young people with parents in the armed forces. By looking at where this is premium is collected by schools, the number of Service children across Hampshire can be estimated.

The data show that there are over 5,197 Service children in schools in Hampshire. It also shows that there is variability in the number of Service children by district, with Rushmoor, Gosport and Fareham having the highest numbers and the greatest concentrations of Service children. In accordance with this, the CCGs with the greatest concentration of Service children in schools are Fareham and Gosport CCG and North East Hampshire and Farnham CCG.

Some caution is needed when interpreting these data as they will only show numbers where the school applies for the Service pupil premium and it is known that some schools do not fully do this. Also, it is possible to apply for the premium for a number of years after a parent has actually left the Services.
Table 10: The number and percentage of Service children in schools across Hampshire by district.

<table>
<thead>
<tr>
<th>HIAS District</th>
<th>Number of pupils on roll</th>
<th>Number of Service children</th>
<th>% Service children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hampshire</td>
<td>170537</td>
<td>5197</td>
<td>3.0%</td>
</tr>
<tr>
<td>Basingstoke and Deane</td>
<td>22468</td>
<td>80</td>
<td>0.4%</td>
</tr>
<tr>
<td>East Hampshire</td>
<td>12023</td>
<td>185</td>
<td>1.5%</td>
</tr>
<tr>
<td>Eastleigh</td>
<td>17023</td>
<td>59</td>
<td>0.3%</td>
</tr>
<tr>
<td>Fareham</td>
<td>15333</td>
<td>849</td>
<td>5.5%</td>
</tr>
<tr>
<td>Gosport</td>
<td>10807</td>
<td>849</td>
<td>7.9%</td>
</tr>
<tr>
<td>Hart</td>
<td>13434</td>
<td>516</td>
<td>3.8%</td>
</tr>
<tr>
<td>Havant</td>
<td>17549</td>
<td>272</td>
<td>1.5%</td>
</tr>
<tr>
<td>New Forest</td>
<td>21282</td>
<td>260</td>
<td>1.2%</td>
</tr>
<tr>
<td>Rushmoor</td>
<td>10916</td>
<td>1058</td>
<td>9.7%</td>
</tr>
<tr>
<td>Test Valley</td>
<td>15104</td>
<td>705</td>
<td>4.7%</td>
</tr>
<tr>
<td>Winchester</td>
<td>14598</td>
<td>364</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Figure 6: the percentage of Service children in schools across Hampshire by CCG

Table 11: The number and percentage of Service children in schools across Hampshire by CCG

<table>
<thead>
<tr>
<th>HIAS District</th>
<th>Number of pupils on</th>
<th>Number of Service</th>
<th>% Service children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hampshire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basingstoke and Deane</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Hampshire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastleigh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fareham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gosport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Havant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Forest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rushmoor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Valley</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winchester</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCG</td>
<td>roll</td>
<td>children</td>
<td>% Service children</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------</td>
<td>----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Hampshire</td>
<td>170537</td>
<td>5197</td>
<td>3.0%</td>
</tr>
<tr>
<td>NHS Fareham and Gosport CCG</td>
<td>26073</td>
<td>1696</td>
<td>6.5%</td>
</tr>
<tr>
<td>NHS North East Hampshire and Farnham CCG</td>
<td>21269</td>
<td>1408</td>
<td>6.6%</td>
</tr>
<tr>
<td>NHS North Hampshire CCG</td>
<td>28496</td>
<td>273</td>
<td>1.0%</td>
</tr>
<tr>
<td>NHS South Eastern Hampshire CCG</td>
<td>25384</td>
<td>441</td>
<td>1.7%</td>
</tr>
<tr>
<td>NHS West Hampshire CCG</td>
<td>69315</td>
<td>1379</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Note – this only includes Hampshire schools which will affect the percentage for North East Hampshire and Farnham.

**Figure 7:** The percentage of Service children in schools across Hampshire by CCG

**Military families supported by Children’s Centres in Hampshire**

Children’s Centres support families with children under 5 years of age. Service families are a particular priority of children’s centres in Hampshire. The number of Service families supported in the last 12 months by each Children’s Centre cluster is shown in table 12. (note that data is missing from Winchester and Eastleigh, and parts of the Test Valley and the New Forest). It is estimated that Children’s Centres they support half of the existing military families with children under five years old in the county.

The data demonstrate a similar pattern of Service family distribution with the highest numbers in Rushmoor, Hart, Gosport, and East Hampshire. By assuming that the Children’s Centres have contact with approximately half the Service families in each...
area the data suggest there are at least 1,000 military families with children under five years old in Hampshire.

Table 12: the number of Service families supported by Children’s Centres in Hampshire

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Number of Service families supported in last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hart</td>
<td>120 families. These have mostly been in the Odiham area (RAF Odiham) and Church Crookham area.</td>
</tr>
<tr>
<td>Rushmoor</td>
<td>150 families</td>
</tr>
<tr>
<td>East Hampshire</td>
<td>81 families</td>
</tr>
<tr>
<td>Havant and Gosport districts</td>
<td>Havant - 21 families (9 families from out of area)</td>
</tr>
<tr>
<td></td>
<td>Gosport - 123 families (22 families from out of area)</td>
</tr>
<tr>
<td>New Forest</td>
<td>Pennington – Lyndhurst None currently</td>
</tr>
<tr>
<td>Basingstoke and Deane</td>
<td>22 service families across Popley, Sherbourne St John, Chineham, Lychpit, Oakridge, Tadley, Bishops Green, and some surrounding villages.</td>
</tr>
<tr>
<td></td>
<td>11 families across South Ham, Brighton Hill, Rooksdoun, Winklebury, Buckskin, Overton, Oakley, Whitchurch, Worthy down and some surrounding villages.</td>
</tr>
<tr>
<td>Winchester &amp; Eastleigh</td>
<td>Exact number unknown.</td>
</tr>
<tr>
<td></td>
<td>We have supported Worthy Down and Southwick historically</td>
</tr>
<tr>
<td>South of Test Valley</td>
<td>91 families that live in the Middle Wallop and Barton Stacey area of the Test Valley.</td>
</tr>
</tbody>
</table>

Naval Families Federation

The Naval Families Federation has recently started collecting data on the permanent home addresses of Navy personnel which gives a good indication of how their families are distributed in Hampshire (see table 13). It is easier for this information to be collected about Navy personnel than the other Services because they tend to have a relatively stable and permanent home from which they will go away on active deployments and then return to that address, reducing overall mobility of them and their families.
There are a total of 3,405 Service personnel with a Hampshire address, 208 of which are Reserves. Although these data do not give any definite indication of the numbers of families or children, data described above suggest between 32% and 70% are likely to be married which would equate to between 1156 and 2529 families of Serving RAF personnel in Hampshire. As would be expected with personnel in the Royal Navy, the greatest numbers are in Gosport and Fareham.

Table 13: The number of Royal Navy personnel with permanent resident postcodes in Hampshire

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldershot</td>
<td>19</td>
</tr>
<tr>
<td>Alton</td>
<td>23</td>
</tr>
<tr>
<td>Andover</td>
<td>39</td>
</tr>
<tr>
<td>Basingstoke</td>
<td>35</td>
</tr>
<tr>
<td>Bordon</td>
<td>43</td>
</tr>
<tr>
<td>Eastleigh</td>
<td>55</td>
</tr>
<tr>
<td>Emsworth</td>
<td>56</td>
</tr>
<tr>
<td>Fareham</td>
<td>904</td>
</tr>
<tr>
<td>Farnborough</td>
<td>18</td>
</tr>
<tr>
<td>Fleet</td>
<td>21</td>
</tr>
<tr>
<td>Fordingbridge</td>
<td>11</td>
</tr>
<tr>
<td>Gosport</td>
<td>1384</td>
</tr>
<tr>
<td>Havant</td>
<td>89</td>
</tr>
<tr>
<td>Hayling Island</td>
<td>22</td>
</tr>
<tr>
<td>Lee-On-The-Solent</td>
<td>218</td>
</tr>
<tr>
<td>Liphook</td>
<td>10</td>
</tr>
<tr>
<td>Liss</td>
<td>11</td>
</tr>
<tr>
<td>Lymington</td>
<td>21</td>
</tr>
<tr>
<td>New Milton</td>
<td>12</td>
</tr>
<tr>
<td>Petersfield</td>
<td>73</td>
</tr>
<tr>
<td>Ringwood</td>
<td>13</td>
</tr>
<tr>
<td>Romsey</td>
<td>21</td>
</tr>
<tr>
<td>Solent</td>
<td>218</td>
</tr>
<tr>
<td>Stockbridge</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Tadley</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Tidworth</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Waterlooville</td>
<td>214</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3405</td>
</tr>
</tbody>
</table>

Summary of description and demographics of military families
There have been very few estimates of the numbers of military families nationally. Data suggest that anywhere between 32% and 70% of Serving personnel are married but it is not known how many Service children there are.

Local data suggest that there are around 5,000 Service children in schools in Hampshire, with the greatest numbers in Rushmoor, Gosport and Fareham. A survey of Children’s Centres indicated that there are at least 1,000 families with children under 5 years old.

4.2 Health and healthcare needs of military families
Emphasis and investigation into the impacts of military service on families and children of serving personnel is far less developed than work around veterans. However, the emotional and psychological impact of military life and deployment on families is gaining increasing attention.

The cycle of deployment
Deployment has often been described as a cyclical process consisting of different stages rather than a single event. Each of these is associated with different stressors for the children and families. 24
Research into the impact of deployment on families:
A systematic review of studies looking at the impact of deployment on children found higher level of stress and more emotional and behavioural difficulties in military adolescents and their at-home care givers compared to other children in the general population.24

Factors that affect how well a child copes with deployment include:

- Number and length of deployments – The cumulative length of parental deployment during the child’s lifetime predicted increased child depression.
- The mental health or stress of the at-home parent – Good mental health and behaviour in the parent was associated with better wellbeing in the child.

A review of studies looking at the impact of deployment to Iraq and Afghanistan on partners and spouses found that military spouses or partners face challenges during periods of deployments and factors that may put them at particular risk of mental health problems include:25

- The length of deployment - Longer deployments associated with increased risk of mental health problems.
The mental health of the returning military spouse/partner (particularly if PTSD is experienced)
Circumstances of the spouse themselves such as being pregnant or having children to care for.

National data about the health and healthcare needs of military families
Although there is growing interest and emphasis of the impact of Service life on families, the available data showing how families health is affected is still limited. However, there are a number of sources of data nationally that can provide an indication of the types of problems they experience.

Families Federations data
One source of data about the welfare and needs of military families comes from the Families Federations – the Army families Federation (AFF), RAF Families Federation (RAF FF), and Naval Families Federation (NFF). These are independent organisations that can be approached for advice and support on a wide range of issues that might arise as a result of service in the military.

The nature and frequency of enquires to these Families Federations gives a good indication of the welfare issues that affect families of serving personnel. National data about enquiries received are published annually. A description of all the enquiries to the Army Families Federation are shown in table 14 and a further breakdown of the type of enquiries within the ‘health and additional needs’ category of enquiries is shown in table 15.

Although the level of detail in these detail is limited, they show that overall the issues that affect military families are related to housing, family life, money, education health and employment, with housing being by far the greatest issue. They also show that health and healthcare issues only constitute a maximum of 5% of the total enquiries that AFF receive.

Table 14: Army Families Federation enquiries 2014

<table>
<thead>
<tr>
<th>Nature of enquiry</th>
<th>% of all enquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>30%</td>
</tr>
<tr>
<td>Foreign &amp; Commonwealth</td>
<td>21%</td>
</tr>
<tr>
<td>Family Life</td>
<td>17%</td>
</tr>
<tr>
<td>Money</td>
<td>9%</td>
</tr>
<tr>
<td>Education &amp; Childcare</td>
<td>8%</td>
</tr>
<tr>
<td>Health &amp; Additional Needs</td>
<td>5%</td>
</tr>
<tr>
<td>Employment</td>
<td>5%</td>
</tr>
</tbody>
</table>
Table 15: Type of enquiry within the category of health additional needs (Army Families Federation 2014 data)

<table>
<thead>
<tr>
<th>Nature of Enquiry</th>
<th>% of health and additional needs enquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>29%</td>
</tr>
<tr>
<td>NHS provision/Waiting lists</td>
<td>15%</td>
</tr>
<tr>
<td>General</td>
<td>14%</td>
</tr>
<tr>
<td>Overseas dental/medical</td>
<td>12%</td>
</tr>
<tr>
<td>NHS dentists/doctors</td>
<td>10%</td>
</tr>
<tr>
<td>Education</td>
<td>9%</td>
</tr>
<tr>
<td>Military medical provision</td>
<td>6%</td>
</tr>
<tr>
<td>Mental health (family)</td>
<td>4%</td>
</tr>
<tr>
<td>Signposting</td>
<td>1%</td>
</tr>
</tbody>
</table>

Royal Navy and Royal Marines Welfare data

The Royal Navy and Royal Marines Welfare (RNRMW) provide a support service for Service personnel and their family and friends to help deal with challenges that are encountered during life in or with the Royal Navy or Royal Marines. These are all issues that will affect not only the Serving personnel but also their family.

The top five issues they were contacted about in the first half of 2015:

1. Relationship issues 14% (+1% from 2014)
2. Civilian medical 13% (-7% from 2014)
3. Child centred 11% (-2% from 2014)
4. Accommodation 10% (+6% from 2014)
5. Mental health 8% (-6% from 2014)

Impact of service life on Service children's education:
Service life is characterised by frequent moves to different parts of the UK or abroad and this can have an impact on the education of children in military families. The number of moves depends on the Service of the military parent, with Army parents reporting the most moves.

In 2012, the House of Commons Defence Committee conducted an inquiry into the provision of education to children of Service personnel. The report was based on a sample of 1,000 Service parents with children currently or recently in education. The key findings of the inquiry were:

- **96% had moved at least once since their children started school**, with 28% saying they had moved seven times or more.
- Of those who had moved since their children were at school, **42% said that moving home had a negative effect on their children’s school performance** and 47% said that this had mixed effects.
- Parents felt less negative about the impact of being in a Service family on their children’s school performance, 25% thought that being in a Service family had a negative effect and 60% though it had mixed effects on how their children did at school. The biggest concern among parents associated with Service life was the lack of continuity and stability that this had on children’s education and life in general.
- **63% of parents had encountered ‘major’ difficulties** with at least one aspect of arranging schooling for their children. The most common difficulties related to differences in the school curriculum, getting a place at a new school, and getting service accommodation in time to apply for a school.
- Five main issues of concern were identified:
  - Differences between schools
  - Difficulties with obtaining school places for their children
  - The emotional and social impact of moving
  - The decision to send children to private or boarding schools
  - Perceived lack of understanding and support from schools
- Despite difficulties with various aspects of arranging schooling for their children, nearly three quarters were satisfied with the overall quality of their children’s education.

**Impact of transition on families**
Consideration of the impact of transition from military to civilian life has generally centred around the serving person, but this stage of military life will also have a substantial impact on the family, both psychologically and for everyday practicalities. However, there has been relatively little emphasis on either the impact on the family or the potential role that the family play in this process.

With this in mind, the transition mapping study made two recommendations about families:^5
• **Formal involvement of families in the resettlement process** – Families - spouses, partners, parents and siblings- are central to the transition guidance, as sources of support and information,

• **Engage the family** - Families acting as support could benefit from better access to information about sources of support and entitlement, to help them fulfil more effectively their role as indirect advisors.

A stakeholder engagement programme including a series of stakeholder workshops looking at the needs of families during transition was conducted by Forces in Mind Trust this year. It highlighted a number of issues that affect families during transition of the Serving family member into civilian life

• **Economic wellbeing** – The financial management issues were most significantly around housing, especially if they are from one of the economically vulnerable groups such as from low socioeconomic backgrounds, single parent families, or families of early service leavers. Spouse or partner education and employment was also an issue with regards to financial management once in civilian life. This is because a relatively good standard of living can be enjoyed on one wage in the Armed Forces but this might not be the case in civilian life.

• **Health and Wellbeing** – Take up of services and information is often poor and accessing NHS services can be difficult with movement between geographical areas. Mental health issues, alcohol and a sense of loss of identity were also found to be important. The different experience of reservists to regulars during transition was also highlighted as they often have a lack of support and networks.

• **Practical support** – Information about schooling was the greatest issue, as well as information about support and housing. The need for coordination between Military agencies and NHS, local authority and other civilian organisations was highlighted, as was the need to build better understanding of the Community Covenant and its obligation on local authority.

There was a general feeling that most of the information and awareness raising around the transition is directed at the Service leaver rather than the family, and that there was no guarantee that this information would get through to the spouse/family.

**The health and healthcare needs of military families in Hampshire**

Information about the health and healthcare needs of military families in Hampshire can be gained from a number of sources.
Families Federation data:
In addition to data about enquiries made by military families nationally, local Families Federations provide a source of data about the issues that families are seeking assistance with. These data highlight the range of issues that affect military families, both within health and more widely. It is clear, however, that the majority are issues relating to the difficulties associated with mobility of the military families, such as accessing healthcare and school places, and maintaining continuity of care and support.
**Army Families Federation**

Between January 2014 and June 2015 (18 months) there were 160 enquiries from Hampshire families directed to *Health and Additional needs* within the AFF. The main enquiries were:

- **IVF treatment** - Eligibility for funded NHS treatment and the current social exclusion (a child from a previous relationship).

- **CAMHS referrals** – not meeting the treatment criteria in Hampshire although had done so in other areas where they previously lived.

- **Difficulty accessing Speech and Language assessments and getting an Education, Health and Care assessment**

- **Mental health support** – both for spouses and reservists

- **Local Authority occupational therapy assessments for housing adaptations** - a misconception by the LA that this should be provided by MOD, which isn’t the case for Service families with an additional need/ disability. MOD do pay for the adaptations to be done to Service Families Accommodation (SFA)

- **Carer support for a wounded, injured or sick (WIS) service personnel**

- **Some issues with transferring of medical notes** when returning to the UK from an overseas posting

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**Navy Families Federation**

The NFF in Hampshire received a total of 34 enquires between June 2014 and June 2015:

**EDUCATION**
- Access to schooling places: 11
- Authorised absences from school for POTL: 1
- Continuity of education/Boarding school issues: 3
- Other: 2
- Service Pupil Premium: 4
- Special Education Needs: 2
- Spousal/partner education: 2

**EMPLOYMENT**
- Spousal/family employment: 1

**MEDICAL/DENTAL**
- Continuity of medical care (NHS waiting lists): 1
- IVF - Access to IVF: 1
- Medical - Access to medical facilities: 2
- Medical - Other: 2
- Mental health issues - Family: 1
- Support to injured personnel (AFCS/MBOS/EB): 1
TalkPlus Mental health data:
There has been increasing focus on the mental health of spouses, partners and families of Serving personnel, and an appreciation that military life can have substantial impacts on this. One source of data that can provide information about the mental health problems experienced by military families comes from the Hampshire IAPT (improving Access to Psychological Therapies) services. Although the number of IAPT users recoded as being military family is small over the six month period (only eight recorded as having military connection), the most common diagnosis is for mixed anxiety and depressive disorder which mirrors the trend in the general population. These numbers are likely to underestimate the number of people form military families that are having psychological treatment for a mental health problem as some people may not identify their military connection.

Education:
Admission to schools is often cited as one of the difficulties faced by Service families, either because they struggle to provide proof of address within catchment areas prior to a move, or because they may need to move mid-year when school places may all be already taken.

Hampshire County Council is aware of these potential difficulties and has policy in place to try to mitigate any disadvantage Service personnel may experience due to them having to move at short notice. This includes:

- For service families with official proof of posting to Hampshire and of a relocation date, a Unit postal address, quartering area address or future home address will be accepted as the address for the application.
- Hampshire County Council's Fair Access Protocol includes children of UK service personnel as one of the categories of children who may be admitted to a full school in year groups not governed by infant class size legislation. The County Council considers each case on its own merits, taking into account a number of factors including the circumstances of the child and whether there are other children waiting for places at the school.

Educational attainment:
Overall, Service children do not have poorer educational performance at school than their non-Service peers. Although Service children with parents still in Service do very slightly worse at the end of primary school (an attainment gap of 0.9% at age 11 compared with their non-service peers in 2015), they actually do a little better than their peers at GCSE (an attainment gap of -0.9% at age 16 compared with their non-service peers in 2015). Although these are very marginal differences, the poorer performance at a young age could be due to multiple moves causing emotional and family disturbance, which then settles down as the child gets older.
**Survey of Children’s Centres in Hampshire**

Children’s Centres aim to give every child the best possible start in life. They work with families with children under the age of five and offer a range of different services to support them such as information and advice on family support services, drop-in sessions for parents, carers and childminders, access to early education and childcare for children under five, access to child and family health services, links with Jobcentre Plus, further education and training opportunities.

Armed Forces families are a priority for the Children’s Centre Services because these families have often been moved away from their homes and their usual support networks. They also face the added difficulties of deployment which are becoming tougher for families as deployments are becoming longer and more frequent. They are not generally considered to be more vulnerable economically because they have salaries but people in the Armed Forces often get married young they tend to be young families.

**The Survey:**

All area or cluster managers of the Children’s Centres in Hampshire were invited to contribute to a brief survey about what they felt were the main issues experienced by military families. Responses were received from Hart, Rushmoor, East Hampshire, Basingstoke and Deane, Winchester and Eastleigh, Havant and Gosport, Test Valley and the New Forest (For full summary of survey responses by area see appendix…..)

Isolation and mental health of the families was mentioned by nearly all the children’s centres as being one of the biggest issues affecting both the parents and the children.

**Main issues for families identified by the survey:**

- Isolation and mental health of the families is one of the top issues.
  - Being moved away from usual support and the separation during deployment can result in isolation for the family.
  - Deployment, separation and isolation have huge impacts the mental health of the parents and depression is common, especially in the mums.
  - This affects their parenting, and also impacts the mental health of the children and can lead to challenging behaviour which may not be understood.

- Domestic violence is an issue especially in the Nepali families
- Hidden debt
- Families being unaware of what is available in the area and how to register with services.
- school resettlement
- transport issues – this can increase isolation if a Serving family member is away.
• There can sometimes be friction between families, especially between families of different Army ranks who are not supposed to socialise.

Examples of activities organised specifically for military families:

• **The RAF deployment café** at the RAF base Odiham where families are supported through the deployment cycle. They support Reading Force, a charity which support communication with the serving parent through reading.

• **Talk about partners going on Exercise, being Dispatched or Deployed** (T.E.D.D) is a group where children & families are supported to manage day to day life whilst partners are away. Topics for discussion include managing children's emotions/behaviours; temper tantrums, how you cope, your self-esteem (Previously Deployment Café) at RAF Odiham.

• **Incredible Years Parenting Programme**- 11 week course (Middle Wallop Army Air Core)

Service Children Conference at the University of Winchester

In 2014 Hampshire County Council’s Children’s Services department and University of Winchester collaborated in holding *The Creative Forces Day* in which 50 pupils from primary and secondary schools across Hampshire spent a day at the University of Winchester as part of a special initiative for service children. They represented RAF, Army and Navy children from across the County. Part of the day involved children identifying top tips for school staff in how to increase in-school support for those from military families.

Top tips From Children

- Clubs for service children
- An inter-school pen pal system to keep in touch with friends from previous schools
- Help with writing ‘Blueys’ to deployed parents
- Participation in specific projects to distract from stress when parents are away
- Be lenient in relation to days off when parents are returning from deployment
- Have a school counsellor who can focus on military issues
What did teachers believe were the main of concerns to Service children?

- Moving around
- Disruption of family life
- Disruption of family life
- Gaps in learning
- Separation
- Both parents serving
- Friendships
- Inappropriate play (e.g. guns)
- Parents being away

Some ways that teachers felt these concerns could be addressed

- Giving them opportunities to talk
- Having Forces bears
- Holding Drama workshop for Forces children
- Providing a Services Family Support Group
- Creating a Forces Club – lunchtime once a week
- Having ELSA support
- Training buddies to help develop friendship groups
- Creating a Drop in
- Enabling parents & students to skype
- Having Coffee mornings for the mums
- Heroes after school
- Time to write E blues
- Holding a Camo day
- Having a Red, white and blue day
- Engaging with Reading Force
- Raising through Assemblies
- Raising awareness of service life with:
  - Engage with the local Regiments or bases
  - Holding a Forces day
  - Starting a Services Radio station
  - Starting a ‘Feel the Force’ group
  - Having a Teddy which travels with Dad
  - Having the Parents in for coffee and the children bake
  - Having a world map so that children can indicate where relatives are
  - Having a Services Display board
Stakeholder interviews
To gain further understanding of the issues that affect military families in Hampshire, and to find out what could be done to improve services and support for them, interviews were conducted with two of the Families Federations (AFF and NFF) and the Royal Navy and Royal Marines Welfare Manager. These are summarised below.

Royal Navy and Royall Marines Welfare (RNRMW)

The RNRMW deal with welfare issues of serving royal Navy and Royal Marines personnel only but many of these issues will directly impact the lives of their families. The team is half civilian and half military and made up of qualified and experienced social workers who assess and manage cases brought to their attention. They work closely with MOD and NHS health professionals, local authorities, children’s services, and other services such as RELATE.

The key issues of Service personnel that will impact on families:

- **Relationship problems** – deployments mean that substantial time is spent apart from partners and spouses and re-adjustment can cause strain on the relationship.

- **Addiction** – Alcohol is known to be a problem. Within Service illicit drugs are not thought to be a major problem as the zero tolerance policy means that anyone found to be using drugs is discharged. It is not known however, if there are formalised pathways to refer into addiction support services within the NHS if this happens.

- **Mental health** – In addition to the well documented issues with PTSD, the ongoing financial restrictions and stretching of resources within the MOD mean that work related stress is increasing for Serving personnel. This will put pressure on families.

- **Housing and accommodation** – After many years of having accommodation provided by the MOD, the issues surrounding securing their own accommodation when leaving the service can be challenging for families.
Army Families Federation: Hampshire

Issues identified that affect military families:

- **Child and Adolescent Mental Health Service (CAMHS) referrals** have been reported as an issue with mobility because the criteria and waiting times change between Local Authorities which can be problematic when families move.

- **Continuity of Education Healthcare Plans** for children with disabilities or special needs which include social or care packages has been highlighted as an issue when families move. Even if a family has a plan in place from their previous Local Authority, this will only stay in place for three months after they move and then they will be re-assessed by their new LA and changes to the plan may be made.

- **Families are not always adequately involved in the care of their serving family member**, for example if the serving personnel is being treated by the defence health services for a mental health problem the spouse or partner will not necessarily be included as there are no links between the MOD and NHS care. The family can therefore feel very isolated.

- **Difficulties with transfer of orthodontic care** and treatment have been reported, either due to waiting lists or difficulties transferring the funding between different areas.

Recommendations:

- **Increase awareness of the Armed Forces Community Covenant** so that organisations such as Local Authorities understand their obligations and how it can be used to ensure military families are not disadvantaged.

- **Include the family in the care** of the serving member wherever possible.
Naval Families Federation: Hampshire

The Naval Families Federation (NFF) is an independent organisation established in 2003 to provide Royal Naval and Royal Marine’s families support and guidance on issues related to Service that affect their daily lives. It also able to provide an independent voice for concerns and act as a link between the community, the chain of command, MOD services and the government.

As with all the services the main issues for families are centred around mobility of the families (having to move with the serving parent’s job) and separation during deployment. The Naval community is slightly different from the other Services because 70% of the families own their own home and the family will stay there while the serving member travels. Separation is more of an issue as assignments have become longer recently and are now nine months. They are given 2 weeks down time (time off to be go home to family) before they go away, 2 weeks in the middle of the assignment and 2 weeks once its finished.

Health issues identified:

- **Awareness of the impact of service on children is limited in schools**, especially where there are only a few Armed Forces children. For example, the frequent change in routine when a parent goes away can greatly affect performance and behaviour at home and school.

- **A lack of awareness of the impact of Service life in the Child and Adolescent Mental Health Service** (CAMHS). The presence of an Armed Forces background is not routinely asked about and the potential impact is not always understood even though it may be a major contributing factor to the child’s problems.

- **Difficulties registering with a GP practice**. Some families can find that when they have to move they are unable to register with a GP until they have the required proof of address from utility bills etc. Although this issue is also experienced by a civilian who moves to a new area, this can be particularly problematic if the family is moving into military accommodation where all the paperwork is in the serving family members name only.

- **Difficulties with changing treatment plans** as a family moves from one area to another. A lack of continuity in treatment or repetition of tests and investigations has been reported.

- **A lack of understanding of the Armed Forces Community Covenant** by organisations such as Local Authorities. The Covenant has been very important in helping ensure Armed Forces families are not disadvantaged and awareness of the Covenant is increasing. However, it is not enough that the Covenant exists, organisations such as local authorities need to understand the features of the Covenant so that they can answer questions and deal with issues brought to their attention that relate to the Covenant. A further issue of the Covenant is that despite a recent change in the NHS constitution recognising the Covenant, it is still only a ‘pledge’ not a law and therefore relies on its recognition on a voluntary basis. One important area of the Covenant is in the recognition that mobility and separation is occurring because the serving member of the family is away serving the country.
Continued...

Recommendations:

- To encourage use of the new READ code for military families by both encouraging families to identify themselves and GPs to ask them about military connections.
- More flexibility in the documents accepted for registration with GPs to include service paperwork.
- Compulsory training for schools around the impact of Service life on the children.
- Build on Military and civilian integration and Improve the cascade of information from central MOD to civilian organisations, for example down to local authorities and borough councils. This could be done by having a covenant champion in each organisation and linking the champions in each.
- For Local Authorities to use their information channels (for example, newsletters and resident papers) to inform Armed Forces families about the Covenant and what to do if they have issues for example, to highlight the internal welfare system as well as independent federations.
Summary of health and healthcare needs of military families in Hampshire

Although families of serving military personnel live civilian lives, there are a number of aspects of military life that will have significant impact on their health and wellbeing. Most notably, these are issues related to mobility and deployment. These can result in:

- Isolation and mental health problems in the at-home parent partner or spouse.
- Relationship problems.
- A range of psychological, mental health or behavioural problems in children as they move through the stages of the deployment cycle and their family circumstances change.
- Disruption to schooling due to frequent moves.

Some of the potential disadvantage that military families may experience as a result of their Service life has been mitigated by actions taken in response to the Armed Forces Covenant, however there is question about how well this pledge is understood throughout relevant organisations and some disadvantage may still be suffered due to this.

Other issues identified include a lack of inclusion of the family during transition, or in the care of their serving family member when they are being treated for mental health problems. There is also likely to be a significant impact on the family of heavy alcohol use in Serving personnel, and domestic violence has been highlighted as an issue.
5. ADDITIONAL CONSIDERATIONS AROUND THE HEALTH NEEDS OF VETERANS, RESERVISTS AND MILITARY FAMILIES

Current provision of support and services
There are currently a huge number of organisations providing support and services for veterans, reservists and military families across the country, with one estimate suggesting there are in excess of 2,500 military charities. Although this has many positive implications for the availability of support for these groups, it means that it can be very difficult for someone to know where to go to get help and which organisation is best able to provide this. The large number also makes it difficult to quality control all these organisations.

With this in mind, NHS England and KCL are working together to produce some guiding principles and standards for services, and to produce a comprehensive directory or network of them.

Provision of public health services to the military
The responsibility for provision of healthcare services to the military community is relatively clear, with the MOD providing healthcare to serving personnel and the NHS providing healthcare to their family, veterans and reservists when not mobilised. However, the responsibility for the provision of public health services is less clear.

The Health and Social Care Act 2012 made Local Authorities responsible for improving the health of their population and for commissioning certain public health services such as smoking cessation services. The serving military personnel are part of their population but there are a number of factors which potentially make the Local Authority’s responsibility to provide these public health services less clear:

- Some of these services are already provided by DMS for serving personnel.
- Serving personnel could be assigned to a Local Authority on the basis of either their place of residence or their place of registration.

Currently there is little agreement over the best way to deliver public health services to military personnel and variation exists across the country. In addition to clarifying responsibility for delivery, it will also be important to consider how best to provide services to maximise uptake among military personnel. Suggestions for this might include organising occasional clinics on military bases.
Potential impact of changes in the structure and location of the Armed Forces
There are currently several changes taking place to the structure of the Armed forces nationally, and to the location and size of military bases locally. These will have implications for the population of military population in Hampshire and therefore the support and services that will need to be provided for them.

Future Reserves 2020
The White paper Future Reserves 2020 outlined plans for the MOD to enhance the role of reservists and increase their numbers substantially over the next few years. This means that there will be more reservists living in Hampshire who are living a civilian life the majority of the time but will have periods of training and possible deployments to combat situations.

Re-basing in Hampshire
As part of the Army Rebasing Plan military personnel in Germany are currently being rebased in the UK. In the summer of 2015 two infantry units are moving into the Aldershot area, 4 rifles will move into New Normandy Barracks and 1 Scots Guards will move into Mons Barracks. This will create the ‘Guards Corridor’ and will bring a total of 1159 service personnel, 303 dependents and 145 children into the area.

This rebasing will hopefully have a positive effect on military families as it will provide them with a central location where they can potentially settle and buy homes which will decrease their future mobility even between postings. However, there are also likely to be some other impacts associated with an increase in the number of military families that need to be considered in planning of services. As well as a need for GPs and Local Authority services for these new families, there may be an increase in demand for services under which the Armed Forces Covenant suggests that no disadvantage is experienced. For example for places to be maintained on waiting lists at the place they were at prior to moving (which in Germany is often a very short wait), or for IVF treatment that military personnel are entitled to. There is also a risk that if families settle and buy their own homes they may become ‘lost’ as a military family and not receive the support that they may need to cope with the impacts of Service life.

Development of Worthy Down tri-service training establishment, Hampshire
The Worthy Down Barracks on the outskirts of Winchester are currently being developed into a large tri-service training establishment that will accommodate around 2,500 support service personnel. However there will be very few personnel who will settle there as the majority will pass through on training placements. It is therefore likely to bring many family members and dependents into the area.

Closing of the Garrison at Bordon
The Garrison at Bordon is due to close at the end of this year but the large service family population will remain. This will raise issues with the provision of services that were currently provided by the MOD and will need to be provided by alternative
means once the MOD with-draw. There may also be increasing issues with isolation if the serving family member is working away from home.
6. CONCLUSIONS

Hampshire has a significant military presence with Army, RAF and Royal Navy bases across the county and nearly 14,000 serving personnel. Estimates of the size of the veteran, reservist and military family populations both at a national and local level are notoriously difficult to make due to the scarcity of robust routinely collected data. However, review of several sources suggests that Hampshire is likely to have approximately 60,000 veterans and 1,200 reservists.

While all these groups live civilian lives and therefore suffer with the same health problems as the general population, there are additional issues that will affect them because of their connection with military life. It is evident that a great deal has been done nationally and locally over recent years to mitigate some of these issues, however this needs assessment has highlighted several areas where more support could improve their health.

Furthermore, although the healthcare of the serving members of the Armed Forces is provided by the MOD, Local Authority has a responsibility for improving the health of its entire population, in which the 14,000 serving personnel belong. Therefore although this health needs assessment focuses primarily on veterans, reservists and military families, some of the issues and recommendations will extend to include those on active Service.

On the basis of the findings of this health needs assessment, a number of recommendations for improving the health of veterans, reservists and military families are made.
7. RECOMMENDATIONS

Regarding Veterans

- Address the needs of the elderly veterans in Hampshire who may be experiencing isolation. Part of this could include befriending services or peer support between veterans, with a focus on activities that emphasise that positive aspects of memories of service.
- Encourage veterans to identify themselves to GPs so that any issues related to their service history can be identified quickly and appropriate care, support or referral can be given.
- Quicker identification of mental health problems related to Service, by increasing awareness of the ways in which they might present. This could include training of front line staff in a number of organisations and departments that the veterans might come into contact with such as housing, adult social services, so that symptoms can be identified and they can be signposted for help.
- Ensuring that veterans receive the treatment that is most appropriate for them and their mental health problems. This could be general psychological services if their problems can be managed there, but it may be specialised services specifically tailored to veterans if they are a more complex case. Ensuring they are rapidly reviewed and triaged by an experienced service such as Combat Stress may facilitate this.
- Improve identification of veterans with dual diagnoses of alcohol misuse and mental health problems, and ensure that they receive treatment for both conditions in appropriate settings.
- Improve support for drug and alcohol problems in veterans. This could include better identification of problems and knowledge about the referral pathways by healthcare staff and frontline staff in wider organisations, and encouraging greater awareness of the problems and where to seek help in veterans.
- Better support for early Service leavers. This could include a transition package from the MOD for them prior to leaving the Services, along with a handover to the NHS of individuals identified as being vulnerable to difficulties.

Regarding ex-Gurkha population

- Engagement of health services in developing solutions to the issue of the language barrier faced by the Gurkha and Nepali community. This could be via coordination of volunteer interpreters or through a volunteer buddy scheme.
- Promote the responsibility that primary care services such as GP practices have to understand the populations they serve, including recognising the diversity of the population and their needs.
Greater focus on the inequalities agenda to facilitate engagement of the services with those who have difficulty accessing them. Services should be encouraged to reach into the Nepali community, understand their needs and provide services accordingly.

Encourage Nepali representation on PPGs, CCGs and ensure that equality is embedded into strategic health decisions and planning.

Explore options to help with transport to hospital and doctor appointments, consider arranging exemptions to bus pass restrictions if they have a valid appointment letter.

Continue the roles of Nepali community members in Rushmoor Borough Council, the police and other services that the Nepalese are likely to come into contact with.

Adopt screening for latent TB in the under 35 year olds in GP practices in accordance with the TB strategy, to raise awareness of the risks of TB in the Nepali community with GPs so that diagnoses are made sooner, and to continue work in the Nepali community to combat the stigma of TB and to encourage testing and treatment.

Regarding Reservists

Begin gathering baseline data about the demographics, health and behaviours of reservists at a national and local level. This could be through their identification at general practices or other services and organisations they come into contact with.

Encourage Reservists to identify themselves as such to NHS GPs so that any issues related to their service can be identified quickly and appropriate care, support or referral can be given.

Encourage GPs to routinely ask about reservist status and to use READ codes for recording this.

Widen the concept of a military family to include those of reservists who could benefit from extra support through all stages of the deployment cycle.

Encourage families of reservists to identify themselves to GPs because there are clearly stresses on their family life related to their reservists Service, especially on return from deployment.

Raise awareness of the issues of mental health problems, relationship difficulties and risky behaviour such as smoking and violence so that GPs can enquire and monitor them post-deployment, and ensure they are quickly referred to appropriate support services if necessary.

Provide information and training for occupational health services at civilian employers so that they are aware of the physical and psychological impacts of the deployments that their reservist staff are involved with. This will allow them to make better assessments of their health upon return to work and identify issues if they emerge, and know where to seek help and support.
Regarding military Families

- Better support for military families taking into consideration the likely needs of each member during the different stages of the deployment cycle. This should include support from a number of primary care and other organisations involved with families such as schools, children’s centres, and Families Federations.
- Better commitment from both the NHS and MOD to supporting families through the transition.
- Where possible, include the family in the treatment of mental health problems of serving family member.
- Raise awareness of the impact of service life on children in schools and other services for children such as Child and Adolescent Mental Health Service (CAMHS). This could be through mandatory training or Service children champions in each organisation to highlight the potential psycho-educational issues. It could also include increasing awareness of the Service Pupil Premium in schools so that they are claiming for all Service children enrolled with them. This is particularly important in schools which have fewer Service children and may therefore be less aware of these issues.
- Encourage families to identify their military connection to GPs, and to inform schools that their children entitle the school to the Service Pupil Premium.
- Promote understanding of the Armed Forces Covenant in all Local Authority departments that families may come into contact with, such as education, so that families receive the appropriate support and care to ensure no disadvantage is experienced by them.
- Make use of joint military and community events such as the health fair 2016 to encourage military families to come along and integrate with the wider military and civilian community, and to disseminate health information.

For the Local Authority (Hampshire County Council)

- Include the needs of veterans, reservists and military families in the JSNA and other relevant documents such as the older people’s strategy.
- Plan for the increasing elderly population of veterans in Hampshire with specific consideration of their likely problems with self-care and isolation.
- Raise awareness of the Community Covenant and ensure that all front line staff that may be approached regarding issues of potential disadvantage in people with military connections fully understand the implications of the Covenant and can therefore offer the support needed to address any disadvantage that may be experienced by Service life.
- Have discussions with Defence Medical Services about how best to provide public health services to military personnel. Possibilities may include Defence Medical Primary Care services accessing preventive services through the same approved lists as NHS services currently do.
- For Local Authority public health and Defence Medical Services to consider how to increase uptake of preventive services in military personnel.
Possibilities may include arranging occasional clinics and sessions on military bases according to need.

- Use available opportunities to promote recognition of the importance of the work of the military among the community, for example through the Health fair 2016. This should include taking opportunities to raise community awareness of the role of reservists and their increasing importance as part of our Armed Forces and national security.

For the Ministry of Defence

- Consider including more information about the NHS in the transition package that personnel receive before they leave, so that routes to accessing healthcare are known, requirements for taking responsibility for their own healthcare are understood and expectations about waiting times are realistic.
- Consider providing better support for early service leavers to facilitate their transition into civilian life. This could include identifying those that may be of higher risk of a poor transition and making contact with NHS services prior to their departure to ensure care is continued.
- Consider involving families in transition planning. This is important for two reasons, they are an essential source of support and advice for the serving family member, and the transition will also have a huge impact on them which should be recognised.

For General practices

- Encourage better understanding of the experiences and needs of veterans, reservists and military families and the support that is available for them. This could be via a veteran champion in each practice, through weekly meeting of practices, or through available training by the Royal College of GPs.
- Increase awareness of the entitlement to priority treatment and how to initiate this where it is appropriate.
- Introduce a policy to routinely ask patients about their veteran, reservist or military family status when they register at the practice.
- To encourage GPs to use the designated READ codes to record veteran, reservist or military family status on primary care records. This could be achieved through greater awareness of the benefits of doing this, both to the care of patients and to the practice with regards to accessing the additional support available.
- Consider having some flexibility in the documents required for registration as proof of address can be hard to provide if the family is moving into military accommodation.
- Raise awareness of the potential stresses and psychological impact of deployment in reservists, especially upon return. Ensure they are aware of the enhanced MOD mental health service available.
- To monitor new process of obtaining medical records of service leavers and evaluate whether it is functioning to get records in a timely manner.
For Charities and other organisations
- Where possible strengthen data collection mechanisms to help create a more accurate picture of the veteran, reservist and military family population locally, for example by recoding location and basic demographic information about people you come into contact with.
- Consider creating robust pathways to feed data on the health concerns of veterans, reservists and military families back to organisations where it will be useful e.g. LA.
- Use your information sharing channels such as magazines, newsletter and reports to encourage families to identify their military connection to GPs and to schools which may not be applying for the pupil premium.

For Partnership working
- Improve links between MOD and NHS healthcare during transition. This could include the creation of a clear pathway for the handing over to the NHS of service leavers who are identified by the MOD of being at risk of having a poor transition.
- Ensure good information sharing between the MOD, LA, CCG and other organisations involved in planning and commissioning so that adequate consideration and provision is made for changes in the veteran, reservist and military families population in Hampshire.
- Maintain the relationships that have been established through the process of this needs assessment and to seek to develop relationships with the other key organisations working in the Hampshire area so that knowledge and support can be shared.
- Develop and maintain contact with university academic departments at Portsmouth and Winchester who are undertaking research into the health of veterans and families, so that knowledge and learning can be shared and used to shape commissioning and service planning.
8. References


5. Mapping Study, Forces in Mind Trust, August 2013

6. Murrison A. Fighting Fit, A mental health plan for servicemen and veterans. 2010


12. Data obtained from personal communication with Richard Firth, SO1 Service Improvement HQ Surgeon General, based on data provided by Defence Business Support services Sep 15


14. Fossey M. Unsung Heroes: Developing a better understanding of the emotional support needs of Service families. Centre for mental health. 2012

15. Samele C. The mental health of serving and ex-service personnel. The mental health foundation and Forces in Mind Trust. 2013


19. Shore Leave Hasler and Healthwatch Hampshire. Survey results for Armed forces veterans healthcare. 2015
20. Healthwatch Reading. How the ex-Gurkha community access and experience health and social care services in Reading. 2015
21. King’s Centre for Military Health Research. Mental Health Summary sheet. KCMHR, 2010
27. Forces in Mind Trust. Better understanding the support needs of service leaver families: Engagement programme report. February 2015
9. Appendices

Appendix 1: Health Needs Assessment Methodology
A health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

This usually includes three approaches to assessing need:

- **Epidemiological needs assessment** – Review of the data on clinical need and service utilisation.

- **Comparative needs assessment** – Comparison of local health issues and current practice against regional and national data.

- **Corporate needs assessment** – Inclusion of stakeholder views and recommendations.

A health needs assessment can also include the wider determinants of health. The Dahlgren and Whitehead model is widely used to depict these and draws attention to factors which have significant impacts on health and many of these factors will be included in this health needs assessment.

![The Determinants of Health (1992) Dahlgren and Whitehead](image)

**Why focus on the military community?**
In recent years there has been an increasing public focus on the needs of the Serving members of the Regular Armed Forces, mainly as a result of the UK’s
involvement in Iraq and Afghanistan. However, the needs of the veterans, reservists and military families are far less understood. Although their health profile will be similar to that of the general population, there will be some specific challenges due to their previous Service life, their ongoing reservist duties or the Service life of a family member. Many of these will relate to the nature of military service, such as frequent moves and deployments. Furthermore, there has been a substantial emphasis on recognising the sacrifice made by the country’s Armed Forces and ensuring that this is taken into consideration when planning and commissioning services, this is most evident in the Armed Forces Covenant which was published in 2011.

Local data on the numbers, locations and health needs of veterans, reservists and military families is notoriously limited and so it is necessary to combine several sources and estimates to gain an informative view of the needs of these groups.

Methodology

Aim
To identify the health needs of veterans, reservists and military families in Hampshire, in order to inform future service and support provision from Hampshire County Council, clinical commissioning groups, and other local organisations.

Objectives
- To identify and quantify the size of the veteran, reservist and military families populations
- To describe the health and healthcare needs of the veteran, reservist and military families populations.
- To make recommendations for improvement and development of services and support within Hampshire County Council and partner organisations.

Scope
This health needs assessment will primarily cover the Hampshire administrative area but may also include some information relating to closely neighbouring areas. It will include those who have served in the army, the navy, and the RAF, covering Regular Forces as well as Reservists. It will also include spouses, partners and dependents of serving personnel.

Definitions
- A veteran

This health needs assessment will use the very broad definition of a veteran provided by the Ministry of Defence:
“Anyone who has served in HM Armed Forces at any time, irrespective of length of service (including National Servicemen and Reservists)"

Importantly, this definition does not distinguish between those who have or have not been deployed in combat situations, or the length of time in Service.

- A reservist

Reservists are civilians who are called in to the serving Armed Forces from time to time for particular tours of duty. Reservists are regarded as members of the Armed Forces while mobilised. When not mobilised, reservists can also be regarded as veterans.

For the purpose of this health needs assessment, a reservist is defined as anyone who is registered as a reserve in the Armed Forces, but is not currently on active duty.

- Military Family

Military families have most commonly been considered to include the spouse or partner of a serving person, plus any dependents. More broadly this could be considered to include any members of a family or household unit who experience the impact of Service life of a serving member of the Armed Forces.

Methods
This health needs assessment will utilise both qualitative and quantitative data, and will include the three approaches to assessing need outlined above:

Epidemiological needs assessment
- Quantitative data on the number and locations of veterans, reservists and military families
- Quantitative data on the health and healthcare needs of veterans, reservists and military families

Comparative needs assessment
- Comparison of local data with regional and national data
- Survey of GP practices

Corporate needs assessment
- Interviews with stakeholders
- Focus groups with veterans, the Gurkha community and Service children
- Surveys of Children's Centres
Appendix 2: Focus Group Guide: Service leavers (veterans) at Mike Jackson House

Introductions

- The aims of the project: veterans, reservists and armed forces families health needs assessment
  - To identify service leavers/veterans in Hampshire
  - To identify their specific health needs
  - To identify gaps and areas for improvement in services and support
- Confidentiality and use of data
- Consent for audio recording
- Will take around 1-1.5 hours
- Free to give any opinions – it will not affect time in Mike Jackson House or NHS care received

Obtain basic participant background (optional)

- Age/sex
- Type of service
  - Army/Navy/RAf
  - Regular/Reserve
  - Combat/training
- Length of time in Service and date of discharge
- Reason for leaving Services

Topic areas and themes for questions with prompts

- To begin – preferred terminology
- What are their issues and concerns?
  - Physical health
  - Mental health
  - Social
  - Welfare
  - Any differences for older/younger veterans or different Service types
- How do they currently address these concerns?
- How do they access services?
  - Are you registered with a GP
  - Have you identified yourself as a veteran
  - Have you been referred to secondary care
  - Do you have contact with mental health services
  - Have you used charities/third sector organisations
- Have they had any difficulties accessing services?
  - Registering with GPs
- Other problems with transition
- Accessing secondary care
- What do you know about priority treatment
- Medical records
- What stops them accessing services

- What could be done to improve their health?
  - What would make the biggest difference
  - What other services or support could help
Appendix 3: Focus Group Guide: Gurkha Community

Introductions

- The aims of the project: veterans, reservists and armed forces families health needs assessment
  - To identify service leavers/veterans in Hampshire
  - To identify their specific health needs
  - To identify gaps and areas for improvement in services and support
- We cannot offer answers and solutions here – this is about hearing their concerns
- Confidentiality and use of data
- Consent for audio recording
- Will take around 1-1.5 hours
- Free to give any opinions – it will not affect NHS care received

Obtain basic participant background (optional)

- Age
- Length of time in service and date of discharge
- Reason for leaving services
- Length of time in UK
- Family here

Topic areas and themes for questions with prompts

- What are their issues and concerns?
  - Physical health
  - Mental health
  - Social
  - Welfare
  - Any differences for older/younger veterans or different Service types
- How do they currently address these concerns – where do they go if they have a health problem?
- How do they access services?
  - Do they know where to go if they have a problem?
  - Are they registered with a GP
  - Do they identify themselves as a veteran
  - Have they been referred to secondary care
  - Do they have contact with mental health services
  - Have they used charities/third sector organisations
- Have they had any difficulties accessing services?
  - Registering with GPs
  - Getting appointments
  - Having the actual appointment
  - Medical records
Other problems with transition
- Accessing secondary care
- What do you know about priority treatment
- What stops them accessing services
  - What could be done to improve their health?
    - What would make the biggest difference to the health of Gurkha veterans
    - What other services or support could help
  - Any concerns about the health of families (of serving Gurkhas)?
Appendix 4: Survey of general practices in Hampshire: Questions included in the online survey

1. What is the name of your practice? (This will only be used to track responses and to collate responses of CCGs, no individual practice responses will be reported)

2. Does your practice have any policy on asking every new patient about:
   - Whether they have a military background? Y/N
   - Whether any one in their family is serving in the armed forces? Y/N

3. Do you know how many of the following are registered with your practice:
   - Veterans/ex-military? Y/N
   - Reservists? Y/N
   - Military families? Y/N

4. Do you use any of the following READ codes in your practice:
   - Military veteran XaX3N / V2 : 13Ji
   - History relating to military service Xa8Da
   - Served in the armed forces 13q3
   - Left military service 13JR
   - Armed forces reservist Xabnw / V2: 0Z7
   - Any for military family status

5. Does your practice:
   - Have any procedures or guidance in place to facilitate the transition of service leavers from the Defence Medical Services to your NHS GP practice?
   - Routinely ask patients identified as veterans for their FMed133 form which allows the GPs to request a copy of their medical records from their time in service?
   - Ever receive from the patient the Department of Health letter relating to priority treatment which is given to service leaver to pass on to their civilian GP?

6. Please answer the following:
   - Are you aware that there are special MoD services available for referral and assessment of veterans and reservists who you believe may have health problems related to their service, for example the Veterans and Reserves Mental Health Programme (VRMHP)?
   - Are you aware of the UK government Armed Forces Covenant which recognises that the health of military personnel and veterans is a high priority?
   - Are you aware that veterans are able to receive priority treatment where it relates to a condition which results from their service in the Armed Forces (subject to clinical need)?
o Have you done the free to access RCGP online learning about veterans health in general practice? The RCGP e-learning module can be found here: http://elearning.rcgp.org.uk/course/view.php?id=87

o Have you used the RCGP or DH leaflet on veterans designed to highlight potential health issues of veterans, and provide information on specialist referral pathway
## Appendix 5: Summary of results from the survey of Children’s Centre clusters in Hampshire

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Number of Service families supported in last 12 months</th>
<th>What are main issues experienced by military families</th>
<th>What services do you provide specifically for military families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hart</td>
<td>approx. 120 families. These have mostly been in the Odiham area (RAF Odiham) and Church Crookham area.</td>
<td>Isolation, Mental Health such as depression and linked to the emotions of deployment and separation from family, Hidden Domestic Violence and Debt.</td>
<td>T.E.D.D (Talk about partners going on Exercise, being Despatched or Deployed). T.E.D.D is a group where children &amp; families are supported to manage day to day life whilst partners are away. Topics for discussion include managing children's emotions/behaviours; temper tantrums, how you cope, your self-esteem (Previously Deployment Café) at RAF Odiham</td>
</tr>
<tr>
<td>Rushmoor</td>
<td>150 families</td>
<td>Mental health of the families is one of the top issues. Being moved away from</td>
<td>Sensory, Story &amp; Rhyme -A session with sensory toys such as treasury baskets and stories and rhymes to promote language, communication and interaction. RAF Pop-up PEEP -PEEP taster sessions for specific age groups to support your child’s learning and development. All groups are open to Service Families and sessions such as Cook and Eat and Incredible Years have been delivered in the RAF Odiham area.</td>
</tr>
</tbody>
</table>
usual support and the separation during deployment can result in isolation for the family. This impacts the mental health of the parents and affects their parenting, and also impacts the mental health of the children and can lead to challenging behaviour which may not be understood.

Domestic violence is an issue especially in the Nepali families

Healthy weights (but no more than the general pop)

<table>
<thead>
<tr>
<th>East Hampshire</th>
<th>81 families</th>
<th>As above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Havant and Gosport districts</td>
<td>Havant - 21 families (9 families from out of area) Gosport - 123 families (22 families from out of</td>
<td>Isolation is the main issue and links through most aspects:  * ethnic minority (unaware of what is available and form</td>
</tr>
<tr>
<td>Area</td>
<td>Pennington – Lyndhurst</td>
<td>Domestic abuse</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>New Forest</td>
<td></td>
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<tr>
<td>Basingstoke and Deane</td>
<td>22 service families across Popley, Sherbourne St John, Chineham, Lychpit, Oakridge, Tadley, Bishops Green, and some surrounding villages. 11 families across South Ham, Brighton Hill, Rooksdown, Winklebury, Buckskin, Overton,</td>
<td>Mental health and low mood in mum in particularly is an area where support is needed. Also parenting particularly parenting as partners.</td>
</tr>
<tr>
<td>Location</td>
<td>Description</td>
<td>Issues</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hampshire County Council</td>
<td>Oakley, Whitchurch, Worthy down and some surrounding villages.</td>
<td>Isolation, Separation of families, Lack Support from extended families, Children’s attachment to friends / teachers etc as move regularly, Some live in poor housing – damp etc which impacts on health</td>
</tr>
<tr>
<td>Winchester &amp; Eastleigh</td>
<td>Exact number unknown. We have supported Worthy Down and Southwick historically</td>
<td></td>
</tr>
<tr>
<td>South of Test Valley</td>
<td>91 families that live in the Middle Wallop and Barton Stacey area of the Test Valley.</td>
<td>Mothers can be isolated especially if they do not drive and their husbands are away for long periods of time, Parenting children- lack of knowledge, Spending time playing with</td>
</tr>
</tbody>
</table>
| | their children.  
Sometimes friction between families-Army ranks-who you and can't socialise with. | (Middle Wallop Army Air Core)  
We are looking into running this course again in January for the Army Air Copse Preschool parents. |